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Jan 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003314 (0)

1. Corporation Name

THE PROFESSIONAL DECAL APPLICATION ASSOCIATION,  
INC.



Principal Place of Business

Mailing Address

C/O NATHAN FRANZBLAU  
2202 NORTH MAIN STREET  
JACKSONVILLE FL 32206

C/O NATHAN FRANZBLAU  
2202 NORTH MAIN STREET  
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified

07/10/1995

4. FEI Number

59-3341777

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AKEL, DANIEL D  
2301 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME MOORE, RON  
STREET ADDRESS 104 BELL PARKWAY  
CITY - ST - ZIP WOODSTOCK GA 30188

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE PTD ☐ DELETE  
NAME FRANZBLAU, NATHAN  
STREET ADDRESS 2202 NORTH MAIN STREET  
CITY - ST - ZIP JACKSONVILLE FL 32206

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME CARTHEY, JOHN  
STREET ADDRESS 3902 HIGH PINES  
CITY - ST - ZIP HOUSTON TX 77068

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE SD ☐ DELETE  
NAME FORD, GREG  
STREET ADDRESS 4373 LACOSA AVE.  
CITY - ST - ZIP FREMOUNT CA 94536

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME NELSON, TOM  
STREET ADDRESS 8660 HIGHWAY 7 P.O. BOX 160  
CITY - ST - ZIP ST. BONIFACIUS MN 55375

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE VD ☐ DELETE  
NAME MCMULLEN, GENE  
STREET ADDRESS 833 WOOSTER ROAD N.  
CITY - ST - ZIP BARBARTON OH 44203-1664

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nathan Franzblau* NATHAN FRANZBLAU 1/8/98 (904) 354-1333

CR2E037 (10/97)