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Jan 22, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003314

1. Corporation Name

THE PROFESSIONAL DECAL APPLICATION ASSOCIATION,
INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

Country

30

3. Date Incorporated or Qualified

07/10/1995

4. FEI Number

59-3341777

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

AKEL, DANIEL D.
2301 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME MOORE, RON

STREET ADDRESS 104 BELL PARKWAY

CITY-ST-ZIP WOODSTOCK GA 30188

TITLE PTD ☐ DELETE

NAME FRANZBLAU, NATHAN

STREET ADDRESS 2202 NORTH MAIN STREET

CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE D ☐ DELETE

NAME CARTHEY, JOHN

STREET ADDRESS 3902 HIGH PINES

CITY-ST-ZIP HOUSTON TX 77068

TITLE SD ☐ DELETE

NAME FORD, GREG

STREET ADDRESS 4373 LACOSA AVE.

CITY-ST-ZIP FREMOUNT CA 94536

TITLE D ☐ DELETE

NAME NELSON, TOM

STREET ADDRESS 8660 HIGHWAY 7 P.O. BOX 160

CITY-ST-ZIP ST. BONIFACIUS MN 55375

TITLE VD ☐ DELETE

NAME MCMULLEN, GENE

STREET ADDRESS 833 WOOSTER ROAD N.

CITY-ST-ZIP BARBARTON OH 44203-1664

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)