

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P09691**

(7)

95 JUN 26 AM 8:17

1. Corporation Name

SIGNS NOW CORPORATION

Principal Place of Business

Mailing Address

4900 MANATEE AVENUE WEST
STE. 201
BRADENTON FL 34209
US

4900 MANATEE AVENUE WEST
STE. 201
BRADENTON FL 34209
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1986

3a. Date of Last Report

06/09/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

63-0927386

Applied For

Not Applicable

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	EVANS, MURRY J
STREET ADDRESS	4900 MANATEE AVE WEST, SUITE 103
CITY - ST - ZIP	BRADENTON FL 34209
TITLE	PCOO
NAME	EASON, DEWEY E
STREET ADDRESS	4900 MANATEE AVE WEST, SUITE 103
CITY - ST - ZIP	BRADENTON FL 34209
TITLE	STD
NAME	EVANS, MARILYN H
STREET ADDRESS	4900 MANATEE AVE WEST, SUITE 103
CITY - ST - ZIP	BRADENTON FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEODS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EVANS, MURRY J.	
1.3 STREET ADDRESS	4900 MANATEE AVE WEST, SUITE #201	
1.4 CITY - ST - ZIP	BRADENTON, FL 34209	
2.1 TITLE	PTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EASON, DEWEY E.	
2.3 STREET ADDRESS	4900 MANATEE AVE WEST, SUITE #201	
2.4 CITY - ST - ZIP	BRADENTON, FL 34209	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Delete from List	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	YASUIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Echiverson, Mike J.	
4.3 STREET ADDRESS	4900 MANATEE AVE. WEST, SUITE #201	
4.4 CITY - ST - ZIP	BRADENTON, FL 34209	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 as provided, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dewey E. Eason

6/15/95 941-747-7747

(Printed Name)

CR2E034 (3/95)