FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

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The state of the s

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporation	MEN # P28130) (3)						
·	O SIGNS, INC.	` ,						
(1,500)						I IDEALDRA NA ULBA IBRAJ KARA AND AND AND AND AND AND AND AND AND AN	. 	DIBIE DIDEN IDBE
Principal Place of Business Mailing Address							, 6,6,, 6,6,,	
1000 BISCAYNE DRIVE P.O. BOX 3410		1000 BISCAYNE DRIVE P.O. BOX 3410						
CONCORD NC 28025-0410		CONCORD NG 28025-0410				DO NOT WRITE IN THIS SPACE		
·						3. Date Incorporated or Qualified		
						02/12/1990		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For		
Suite, Apt. #, etc.		Suite, Apl. #, etc.				56-1483492	60.7	Not Applicable
22		27				5. Certificate of Status Desired		5 Additional Required
City & Stat	le	City & State				6. Election Campaign Financing		00 May Be
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Coun	ntry		8. This corporation owes or has paid the cu	rrent year	Intangible
24	25	29	30				☐ Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	
	CORPORATION SYSTEM],	81	Name			,
1200 S. PINE ISLAND ROAD			1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
PU	ANTATION FL 33324		-	B3				
],	63				ļ
			1	84	City	FL	85 Z	ip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida St.	atutes, the abo	DVC-	named corp.			n its registered
office or r	registered agent, or both, in the State of	of Florida. Such change wi	as authorized	by 1	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment	as registered
	in tanniai with, and accept the obligat	COCO. 100 HOUSES, 10 SHOIL	, riunda Statu	ies.				
SIGNATURE	Signature, typed or printed riams of registered agent	and the diapplicable (NOTE: Registered /	Agent	t signature require	ed when reinstating) DATE		
12,		OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	☐ DELETE 1					L Chang	ge 🔲 Addition
NAME	MESSER, MITCHELL W.		1.2 NAN	1.2 NAME				}
STREET ADDRESS	246 FENTON PLACE			1.3 STREET ADDRESS				
CITY-ST-ZIP	CHARLOTTE NC			1.4 CITY - ST - ZIP 2.1 TITLE			T C	an III Addition
NAME	MESSER, ALLISON ANNE C.	-			- 1		☐ Chang	ge
	ALL PRINTSHIP OF LOR			2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	OHAN OTTE ME			2.4 CITY-S1-ZIP				1
TITLE	VD	DELETE	3.1 1/10		-111		Chang	ae Addition
NAME	CATCHPOLE, DAVID RALPH	_		3.2 NAME				
STREET ADDRESS	1006 HANOVER DR		3.3 STR	EE1 A	DDRESS			ł
CITY-ST-ZIP	CONCORD NC		3.4. CITY	Y - ST	- ZIP			1
TITLE	S	DELETE		4.1 TITLE			☐ Chang	je Addition
NAME	CATCHPOLE, JENNIFER T.		4. 2 NAN	4. 2 NAME				
STREET ADDRESS	1006 HANOVER DR		4.3 STRE	4.3 STREET ADDRESS				
CITY-ST-ZIP	CONCORD NC			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	1	51 TITLE			Chang	ge Addition
NAME			5.2 NAM					
STREET ADDRESS			53 STRE		1			\$
CITY-ST-ZIP		DELETE	5.4 CITY		7IP			n Additi
TITLE		LJ UELETE	6.1 1111				∟ Chang	ge Addition
NAME			6.2 NAM	IL.	1			

6.3 STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if Planged, or on an attachment with an address. SIGNATURE:

1/15/98 104.784-2000

FILED

Feb 09 1998 8:00am

Secretary of State