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

TITLÈ

NAME

STREET ADDRESS

FILED Apr 14, 1999 8:00 am FLORIDA DEPARTMENT OF STATE **PROFIT** Katherine Harris CORPORATION **Secretary of State** Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 04-14-1999 90066 016 \*\*\*150.00 1999 DOCUMENT # Artgraphic Signs Inc. P920000000 Mailing Address Principal Place of Business 7463 Conroy-Windermere Rd Ste C 7081 Grand National DO NOT WRITE IN THIS SPACE Dr. Suite 104 3. Date Incorporated or Qualifed Orlando, FL 328A Orlando, FL 32835 12-9-1992 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2024380 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. ee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year intangible Country Zip Country Zip ☐ Yes Personal Property Tax. 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Taylor, Alan B. 390 North Orange Ave Suite 2200 Orlando, PL 32801 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code 84 City 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. (NOTE: Registered Agent signature required when reinstating) SIGNATURE CR2E034.(1.1/98) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition DELETE 1.1 TITLE TITLE 1.2 NAME Beverly Garvey NAME 10506 Woodchase Circle 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP Orlando, FL Addition CITY-ST-ZIP Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP ☐ Addition CITY-ST-ZIP NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CiTY-ST-ZIP Addition 6.1 TITLE Change DELETE

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(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 changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: