

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 31 AM 11:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000013201 (7)

1. Corporation Name

INTELLIGENT SIGNAGE, INC.

Principal Place of Business

**1800 2ND ST
STE 654
SARASOTA FL 34236
US**

Mailing Address

**1800 2ND ST
STE 654
SARASOTA FL 34236
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

02/12/1993

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0384779

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**

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

☐ Yes

☒ No

2. Principal Place of Business

21 575 Interstate Blvd.

2a. Mailing Address

26 575 Interstate Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sarasota, FL

City & State

28 Sarasota, FL

Zip

24 34240

County

25 Sarasota

Zip

29 34240

County

30 Sarasota

9. Name and Address of Current Registered Agent

**HADNAGY, JAMES R
6065 MANASOTA KEY RD
ENGLEWOOD FL 34222**

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 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 of person named as registered agent, or if the agent is a corporation, the signature of the president or other officer or director authorized to execute this statement.

(If the registered agent is a corporation, the signature of the president or other officer or director authorized to execute this statement.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAMBERT, ARTHUR
STREET ADDRESS	1595 BAY POINT DR.
CITY ST ZIP	SARASOTA FL 34236
TITLE	D
NAME	SIMKINS, RONALD
STREET ADDRESS	915 POMELO
CITY ST ZIP	SARASOTA FL 34236
TITLE	D
NAME	HADNAGY, JAMES
STREET ADDRESS	6065 MANASOTA KEY RD.
CITY ST ZIP	ENGLEWOOD FL 34223
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing 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 the 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 or both on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/95

Date

Signature Printed Name