

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY 30 AM 8:17**

**DOCUMENT # P94000002328 (0)**

1. Corporation Name

**HUB NEON & SIGNS, INC.**

Principal Place of Business

**6990 49TH ST N  
SUITE C  
PINELLAS PARK FL 34665**

Mailing Address

**6990 49TH ST N  
SUITE C  
PINELLAS PARK FL 34665**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/03/1994**

3a. Date of Last Report

2. Principal Place of Business

**21 SAME as above**

State, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26 SAME as above**

State, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

4. FEI Number

**59-3222725**

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

9. Name and Address of Current Registered Agent

**OWENS, JONATHAN G  
2097 GLEN COVE CT  
CLEARWATER FL 34624**

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 (typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

**PRES  
Jonathan G. OWENS  
2097 Glen Cove Ct.  
Clearwater, FL 34624**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

**PRES  
Jonathan G. OWENS  
2097 Glen Cove Ct.  
Clearwater, FL 34624**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

8.1 TITLE  
8.2 NAME  
8.3 STREET ADDRESS  
8.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

9.1 TITLE  
9.2 NAME  
9.3 STREET ADDRESS  
9.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

10.1 TITLE  
10.2 NAME  
10.3 STREET ADDRESS  
10.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

11.1 TITLE  
11.2 NAME  
11.3 STREET ADDRESS  
11.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY ST ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-17-95**

**818-522-5118**

Date

Telephone Number