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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000025815 (9)

SOUTHEASTERN PRESENTATIONS SIGNS, INC.

Principal Place of Business Mailing Address 7138 NARCOOSSEE ROAD 7138 NARCOOSSEE ROAD ORLANDO FL 32822 ORLANDO FL 32822-5532 3. Date Incorporated or Qualified 3a. Date of Last Report 03/30/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3233639 26 Not Applicable Suite Ant # etc Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Z_{10} Žip 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name RAZZANO, LAWRENCE 7138 NARCOOSSEE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32822 83 84 City Zip Code 85 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 hypedical protect ranks of registered agent and little happilicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. DELETE 11 TITLE Change ☐ Addition THE RAZZANO, LAWRENCE 1.2 NAME CR2E034 NAME 5309 MILL STREAM DR STREET ADDRESS 1.3 STREET ADDRESS ST CLOUD FL 1.4 CITY - ST - ZIP CITY-ST-7/P Change Addition DELETE 2.1 TITLE TITLE VP RAZZANO, TERRI 2.2 NAME NAME 5309 MILL STREAM DR 2.3 STREET ADDRESS STREET ADDRESS ST CLOUD FL CITY ST ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE PALMER, JAMES NAME 3.2 NAME 5131 DOCKSIDE DR #242 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CHTY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZUF 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIF 5.4 CiTY - ST - 7/P DELETE 61 TITLE ☐ Change Addition THILE 62 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS

6.4 CiTY - ST - ZiP 14. I do 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 and cated 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

SIGNATURE:

CITY-ST-7P

M

appears in Block 12 or Block 13 if changed of on an attachment with an address

FILED

Jan 30 1997 8:00am

Secretary of State