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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000045652 (2)

HILTON SIGNS, INC.

Principal Place of Business Mailing Address

FILED May 13 1997 8:00am Secretary of State



3 SANTA ROSA BUSINESS CENTER SANTA ROSA BEACH FL 32459		POST OFFICE BOX 1835 SANTA ROSA BACH FL 32459-1835						
					3. Date Incorporated or Qualified 06/15/1994	3a. Date of 04/23/		oorl
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For			
21		[26]		59-3251291	Not Applicab			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	1 1 7	\$8.75 Additional Fee Required		
City & State 23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country Zip 25 29 3 9, Name and Address of Current Registered Agent			Country 8. This corporation has hability for intangible tax under s 199.032, Florida Statutes 10. Name and Address of New Registered Agent			199.032,	
		ant negistered Agent		Name	IV. Name and Address of New Hot	Jistorou Agor	<u> </u>	
	NS, KENNETH							
	KENINGSTON LANE STIN FL 32541				Iress (P.O. Box Number is Not Acceptab	le) 		
			83					
		•	84	City		— . 85	Zip C	ode
	, , , , , , , , , , , , , , , , , , , 					FL		
office or re agent. Lar	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	auz and 607, 1508, Florida S le of Florida. Such change v gations of, Section 607,050!	italutes, the abov was authorized b 5, Florida Statule	re-named corp by the corpora es.	poration submits this statement for the pation's board of directors. I hereby accep	urpose of char If the appointn	iging its nent as ri	registered agistered
SIGNATURE	Signature, Typed or printed name of registered a		(NOTE: Registered Ag			DATE		
12.		ND DIRECTORS	13.	Jent signatore rodu	ADDITIONS/CHANGES TO OFFIC		ECTORS	IN 12
TITLE	PD	DELETE	and the second s				,	☐ Addition
NAME	SMITH, PAUL		1.2 NAME					
STREET ADDRESS	1120 ROCK HILL RD		1.8 STREE	1 ADDRESS				
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		1.4 CITY-	\$1 - ZIP				
TITLE	SCTD	DELETE	2.U TITLE				Change	Addition
NAME	HAAS, KENNETH		2.2 NAME					
STREET ADDRESS	62 KENINSGOTN LANE		2.8 STREE	1 ADDRESS				
CITY-ST-ZIP	DESTIN FL		2. 4 CITY	\$1-7IP				
TITLE		☐ DFLETE				LJ (Change	Addition
NAME			3.2 NAME	i				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			3.4 CITY	ST-ZIP		·	Chanas	Addition
		nti tie	4 8 712 7	1		[1]		Addillon
TITLE		DELETE					опанце	
TITLE NAME		DELETE	4. 2 NAM				onange	
TITLE NAME STREET ADDRESS		DELETE	4. 2 NAM 4.8 STREE	1 ADDRESS			onange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4. 2 NAM 4.8 STREE 4.4 CITY -	1 ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			4. 2 NAM 4.B STREE 4.4 CITY- 5.1 HILE	1 ADDRESS S1-ZIP				Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			4. 2 NAM 4.B STREE 4.4 CITY- 5.1 TITLE 5.P NAME	1 ADDRESS S1-ZIP				Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4. 2 NAM 4.8 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.8 STREE	1 ADDRESS S1-ZIP T ADDRESS				Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			4. 2 NAM 4.8 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.8 STREE 5.4 CITY-	1 ADDRESS S1-ZIP T ADDRESS				Addition
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I do nereby defining that the information supplied with this litting does not quality for the exemption stated in Section 119.07(3)(f), Fibrida Statutes. Further cellify 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 of an attachment with an address.