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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P9400056467 (1)

AFFORDABLE SIGNS, INC.

FILED Mar 27 1998 8:00am Secretary of State



								II 1801 1801
Principal Place of Business Mailing Address								
147 SANTA RO CANTONMENT		147 SANTA ROSA ROAD CANTONMENT FL 32533				DO NOT WRITE IN THIS S	DACE	
						Date incorporated or Qualified 07/29/1994	PACE	
A 63-11-11-11	- 1 D	1 A- 14-8 A Julius				4. FEI Number		
	ace of Business	2a. Mailing Address				59-3253732		plied For
21	# A10	Suite, Apt. #, etc.						t Applicable
Suite, Apt. #, etc.		├ ¬				5. Certificate of Status Desired	Fee Re	Additional
22 City & State		City & State				0.51.6.0.0.1.5.51		
 , ·		⊢				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	Country Zip Co			intry				
24	25	29	30	y		This corporation owes or has paid the curr Personal Property Tax due June 30.		angibie
£4	9. Name and Address of Curre	1	[30]	<u>, </u>		10. Name and Address of New Registered A		
KEMP, LOUIE					Name			
147 SANTA ROSA ROAD			<u> </u>					
	NTONMENT FL 32533		82 Street A		Street Addres	ss (P.O. Box Number is Not Acceptable)		
Ų/Ai	11011IIIL111 1 L 02000			83				
				84	City	FL	85 Zip (Code
11. Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the at	pove	named corpo	ration submits this statement for the purpose of	changing it	s registered
agent. I ar	n familiar with, and accept the oblig	ations of, Section 607.05 0 5, FI	lorida Stat	u by tutes.	tne corporatio	n's board of directors. I hereby accept the appo	as Inemilia	198isteran
SIGNATURE								
	Signature, typed or printed name of registered ag			d Agen	t signature required			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	NEMB DEBUDAN Y	1.21		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		i	☐ Change	☐ Addition
NAME	KEMP, DEBORAH A							
STREET ADDRESS	147 SANTA ROSA RD							
CITY-ST-ZIP	CANTONMENT FL		1.4 CII		- ZIP	· <u> </u>	-1 -:	
TITLE	NEMB LOUDE W						Change	Addition
NAME	KEMP, LOUIE W			2.2 NAME				
STREET ADDRESS	147 SANTA ROSA RD		2.3 ST	REET A	NDDRESS			
CITY-ST-ZIP	CANTONMENT FL			ITY-ST	r-ZIP			
TITLE		L_J DELETE	☐ DELETE 3.1 TI		l		L Change	Addition
NAME			3.2 NA	AME				
STREET ADDRESS			3.3 ST	AEET A	address			
CITY-ST-ZIP			_	tr-st	- ZIP			
TITLE	_		4.1 10	TLE			Change	☐ Addition
NAME			4.2 N	AME				1
STREET ADDRESS			4.3 ST	REET A	ADDRESS			
CITY-ST-ZIP				TY-ST	- ZiP			1 4 4 6 9
TITLE		DELETE					Change	☐ Addition
NAME			5.2 NA					
STREET ADDRESS			5.3 \$1	reet a	DDRESS			
CITY-ST-ZIP			5.4 CI	TY-ST	- ZIP			
TITLE		DELETE 6.1		TLE	1	1	Change	Addition
NAME			6.2 NA	3MĮ				
STREET ADDRESS			6.3 ST	REET A	DDRESS			
CITY-ST-ZIP			6.4 CI	TY-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.

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