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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

P94000061012 (8) DOCUMENT #

SIGN SOLUTIONS, INC. Principal Place of Business Mailing Address 6101 RIDGE RD 14378 SPRING HILL DR. PT RICHEY FL 34668 SPRING HILL FL 34609 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/15/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3264597 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, WAYNE 14376 SPRING HILL DR Street Address (P.O. Box Number is Not Acceptable) 62 **BROOKSVILLE FL 34609** 85 Zip Code 84 ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida Such change was author; agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida S SIGNATURE Signature, typed or printed name of registered agent and title diepplicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 Change Addition DELFTE TITLE 1.1 TLE JOHNSON, WAYNE 1.2 ME NAME 14378 SPRING HILL DR 1.3 TIREET ADDRESS STREET ADDRESS **BROOKSVILLE FL 34609** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 21 TOLE JOHNSON, DAVID NAME 2.2 NAME 14378 SPRING HILL DR STREET ADDRESS 2.3 STREET ADDRESS **BROOKSVILLE FL 34609** CITY-ST-ZIP 2.4 CITY - ST-ZIP Addition DELETE 3 1 TITLE TITLE 3.2 NAME MALAF 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 THILE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREFT ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 of tryfstee or upowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or for an attachment with an address.

SIGNATURE:

FILED

Mar 06 1998 8:00am

Secretary of State