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PROFIT CORPORATION. ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90021 042 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400091640

SIGNWORKS OF CENTRAL FLORIDA INC

| Principal Place | e of Business | Mailing Address | | | EKIO 18688 JIOIO 85116 BS | ten nenijae) |
|---|--|--|---|---|---------------------------|---------------------------------------|
| 334 OLEANDER | R WAY | 334 OLEANDER WAY | | | | |
| CASSELBERRY FL 32707 CASSELBERRY FL 32707 | | | DO NOT WRITE IN T | MIS SDACE | | |
| US | | | | 3. Date incorporated or Qualifed | | |
| | • | | | 12/19/1994 | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | App | lied For |
| 21 | | 26 | | 59-3305091 | | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 Ac | dditional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Req | uired |
| City & Stat | te | City & State | | 6. Election Campaign Financing | \$5.00 N | , , |
| 23 | 0: 4: | 28 | 0 | Trust Fund Contribution | Added to | Fees |
| Zip | Country 25 | Zip | Country 30 | 8. This corporation owes the current yea | | ⊐No |
| 24 | 9. Name and Address of Current | 11 | 30 | Personal Property Tax. 10. Name and Address of New Registe | | |
| | 3. Name and Address of Outlett | t Registored Agent | 81 Name | To. Have and Address of New Augusta | ou Agoin | |
| HAR | RINGTON, EDWARD F | | | | | |
| 334 | OLEANDER WAY | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| CAS | SELBERRY FL 32707 | | 83 | | | |
| | | | 24 80 | | # | |
| | | | 84 City | i i i i | EL 85 Zip Co | ode |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statutes | s, the above-named corp | oration submits this statement for the purposion's board of directors. I hereby accept the ap | of changing its regi | egistered |
| office or r | | | | | | |
| office or r agent. I a | registered agent, or both, in the State of im familiar with, and accept the obligat | ions of, Section 607.0505, Flori | thorized by the corporation da Statutes. | on's poard or directors. I hereby accept the ap | pomanon do regi | 13(0100 |
| office or r agent. I a SIGNATURE | ım familiar with, and accept the obligat | ions of, Section 607.0505, Flori | da Statutes. | | | |
| agent. I a | im familiar with, and accept the obligat | ions of, Section 607.0505, Florions of Section 607.0505, Florions of Moter of the Indiana (NOTE: Florions of Section 607.0505, | da Statutes. Registered Agent signature required | d when reinstating) DATE | | |
| agent. i a SIGNATURE 12. | Im familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS ANI | ions of, Section 607.0505, Flori t and title if applicable. (NOTE: F D DIRECTORS | da Statutes. Registered Agent signature required 13. | | AND DIRECTOR | |
| agent. I a SIGNATURE 12. TITLE | Im familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS ANI | ions of, Section 607.0505, Florions of Section 607.0505, Florions of Moter of the Indiana (NOTE: Florions of Section 607.0505, | da Statutes. Registered Agent signature required 13. 1.1 TITLE | d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | | RS IN 12 - |
| agent. I a SIGNATURE 12. TITLE NAME | im familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS ANI P HARRINGTON, EDWARD F | ions of, Section 607.0505, Flori t and title if applicable. (NOTE: F D DIRECTORS | da Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME | d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | AND DIRECTOR | RS IN 12 - |
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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 changes and address 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 changes and the provided in 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 changes are required by Chapter 607.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP