SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

P95000008831 (6)

Mailing Address

LANGFORD LIGHTING & SIGNS, INC.

	FL 32750	174 W. MAGNOLIA S LONGWOOD FL 327		2 Data lacorroyated as Coulded	Lo. Durithano	
				3. Date Incorporated or Qualified 02/02/1995	3a. Date of Last Report	
2. Principal P	lace of Business	2a. Mailing Address		4. EEI Number	Applied For	
21		26		59-3294777	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stati	е	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be	
Zιρ	Country	Zip	Country	8. This corporation has liability for it		
24	25	29	30	Florida Statutes	Yes A No	
	9. Name and Address of Currer	nt Registered Agent	,	10. Name and Address of New Reg	gistered Agent	
ΔI	MERILAWYER		81 Name			
343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Street Art	82 Street Address (P.O. Box Number is Not Acceptable)		
			Olicet AL	Sited Address (n.o. Box Number is Not Acceptable)		
O.	OTTAL GADEES IL 33134		83			
			84 City			
			84 City		FI 85 Zip Code	
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Sta	tutes, the above-named cor	rporation submits this statement for the pu	rpose of changing its registered	
omice or ri agent. La	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa ations of, Section 607,0505.	s authorized by the corpora Florida Statutes	ition's board of directors. Thereby accept	the appointment as registered	
SIGNATURE			- Wilder Ordinates			
SIGNATURE	Signature typed or printed number of requirered age	en and the d'approprie (	WOTE Bing shored Agent's gridding req		()A <sup>*</sup> E	
12.	Signature typed or printed number of requirered age	errand to cir applicable (			()A'E	
	Signature typed or printed number of requirered age	en and the d'approprie (	WOTE Begishered Agent's guature req	gured when rainstating;	DA'E	
12.	Signature typod or printed name of requirered age OFFICERS AN	errand to cir applicable (	WHE Registered Agent's guidancing	gured when rainstating;	(IATE ERS AND DIRECTORS IN 12	
<b>12</b> . TITLE	Signature typed or printed name of respected age OFFICERS AN	errand to cir applicable (	in TE. Bug stored Agent's greature req	gured when rainstating;	(IATE ERS AND DIRECTORS IN 12	
12. TITLE NAME	Signature typed or protect name of respected age OFFICERS AN P LANGFORD, JOHN M III	errand to cir applicable (	13. 11 HILE 12 NAME	gured when rainstating;	(IATE ERS AND DIRECTORS IN 12	
12. TITLE NAME STREET ADDRESS	Signature typod or printed name of murvered age OFFICERS AN P LANGFORD, JOHN M III 174 W. MAGNOLIA STREET	errand to cir applicable (	13. 11 THE 12 NAME 1.3 STREET ADDRESS	gured when rainstating;	(NATE ERS AND DIRECTORS IN 12	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typod or printed name of murvered age OFFICERS AN P LANGFORD, JOHN M III 174 W. MAGNOLIA STREET	ori and the e <sup>®</sup> appropriate (i ID DIRECTORS DELETE	13. 11 HILE 12 NAME 1.3 STREFT ADDRESS 1.4 CITY - ST- ZIP	gured when rainstating;	(14)'E ERS AND DIRECTORS IN 12  Change Addition	
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	Signature typod or printed name of murvered age OFFICERS AN P LANGFORD, JOHN M III 174 W. MAGNOLIA STREET	ori and the e <sup>®</sup> appropriate (i ID DIRECTORS DELETE	13. 11 HILE 1 2 NAME 1.3 STREFT ADDRESS 1 4 CITY - ST - ZIP 2 1 TITLE	gured when rainstating;	(14)'t ERS AND DIRECTORS IN 12  Change Addition	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 13 or block 14 or block 14 or block 14 or block 14 or block 15 or block 14 or

4.4 CITY - ST - ZIP

5 3 STREET ADDRESS

6 3 STREET ADDRESS

54 CHEY-ST ZIP

51 TITLE

5.2 NAME

6 1 TITLE

62 NAME

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

STREFT ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

TITLE

NAME

MATURE AND TYPEDOR PRINTED MANY OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

7-1-96

407-831-4460

Change \_\_\_\_ Addition

Change Addition