Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90229 042 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000010984

1. Corporation Name

NEW CITY SIGNS INC

HEH OIL	T Oldito, IIIO						
Principal Place of Business Mailing Address)	1 3 141 0101 1001
1801 28TH STREET N 1801 28TH STREET N							
ST PETERSBURG FL 33713 ST PETERSBURG FL 33713							
US US				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					02/06/1995		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apı	plied For
21		26		59-3300505		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	I	
22		27		0. 00	Fee Re		
City & State	9	City & State	⊢¬ ´		6. Election Campaign Financing	\$5.00	, ,
23		28		Trust Fund Contribution	Added to	o Fees	
Zip	¬,			Country 8, This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☒ No			
24	25	29 30	<u> </u>		Personal Property Tax.		EANO
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
DON MORELOCK				Name			
1801 28TH STREET N			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
SEMINORE FIX 24642X ST PETERSBURG FL 33713			83		·		
MINIMANIAMAN SI ILILASBORG IL 33/13							1
			84	City		85 Zip C	Code
				<u></u>	FL	<u>- </u>	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	f Florida. Such change was auth	orized by	the corporal	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	intment as rec	gistered
SIGNATURE		·					
				nt signature requi	red when reinstating) DATE	ND DIRECTO	DC IN 12
12.	OFFICERS AND DIRECTORS 13.			1	ADDITIONS/CHANGES TO OFFICERS A	K Change	Addition
TITLE	D ·	□ OETE IC	1.1 TITLÉ			Es onango	
NAME	11011220011, 5011125 11		1.2 NAME	•	1001 20-1 CT NODELL		ļ
STREET ADDRESS					1801 - 28th ST NORTH		
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	ST PETERSBURG FL 33713	Change	Addition
TITLE		☐ DELETE	2.1 TITLE	.			L Veginou
NAME			2.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	1 - 1		2 4 CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE 3.1				☐ Change	L Addition
NAME			3.2 NAME				ĺ
STREET ADDRESS	3.3 \$		3.3 STREE	TADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		3.4. CITY-	ST-ZIP			F Addus
TITLE		. DELETE	4.1 TITLE			Change	☐ Addition
NAME	4.21		4. 2 NAME	-			
STREET ADDRESS	SS 4.3		4.3 STREE	TADORESS			
CITY-ST-ZIP	to produce the second s		4.4 CITY- S	T-ZIP			
TITLE	•		5.1 TITLE			☐ Change	☐ Addition
NAME	1		5.2 NAME				

CITY-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 empoyered 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, with all other like empoyered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

DONALD MORELOCK

4/20/99 727/321-3715

Change

Addition