

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000025866 (1)

1. Corporation Name

NEFF SIGN & TROPHY, INC.



Principal Place of Business

4229 STRATFIELD DR
NEW PORT RICHEY FL 34652

Mailing Address

4229 STRATFIELD DR
NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified

03/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1610 Alt. 19 N.

26 1610 Alt. 19 N.

4. FEI Number

59-3308420

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

Palm Harbor FL

28

City & State

Palm Harbor FL

24

Zip

34683

Country

Pinellas

29

Zip

34683

Country

Pinellas

9. Name and Address of Current Registered Agent

NEFF, BEN
4229 STRATFIELD DR
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name

Ben Neff

82

Street Address (P.O. Box Number is Not Acceptable)

1610 Alt. 19 N.

83

84 City

Palm Harbor

FL

85 Zip Code

34683

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when making change)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME NEFF, BEN
STREET ADDRESS 4229 STRATFIELD DR
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE D ☐ DELETE
NAME NEFF, JOANNE
STREET ADDRESS 4229 STRATFIELD DR
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 813-786-8807

CR2E034 (12/95)