FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000074165 (8) **DOCUMENT # OLDE CENTERVILLE SIGN COMPANY** Maling Address Principal Place of Business 663 INDUSTRIAL DRIVE 663 INDUSTRIAL DRIVE TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 3a. Date of Last Report 3. Date Incorporated or Qualified 09/26/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under s 199.032, Florida Statutes
Yes \(\sum_{\text{No}} \text{No} \) Country Zw Z_{1D} DIESE 30 24 95310 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ROSEN, MICHAEL L 82 Street Address (P.O. Box Number is Not Acceptable) RTE. 3, BOX 586 83 TALLAHASSEE FL 32308 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE re types or profest name of regularest agent and the diagons also ih. HE Regional LAgai Esignativo regin ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1. 1 Tillse TITLE 1.2 NAM8 1.3 STREET ADDRESS STREET ADDRESS 1.4 C/TY - S1 - Z/P 32308 CITY-ST-ZIP DELETE ☐ Change Addition 2 1 TITLE ICE. YEERDENT THILE NICHABLY! 2.2 NAME NAME 2.3 STHEET ADDRESS **584** STREET ADDRESS 2.4 CHTY - ST - ZIP CITY - ST - ZIP Change DELETE TITLE 3.1 ItfeE . NAME 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS 3.4 CiTY - ST - ZIP CITY - ST - ZIP Addition Change DELETE 4 1 TillE TITLE 4.2 NAME NAME 4.3 STREET AUDRESS STREET ADDRESS 4.4 CHTY - \$1 - ZIP CITY - ST-ZIP 300001903503° -07/24/96--01074--014 Addition DELETÉ 5 1 Hiri TITLE 5.2 NAME NAME 5.3 STREET ADDRESS ***225.00 STREET ADDRESS 5.4 CITY - \$1 - 2IP CITY-ST-ZIP Change Addition DELE FL 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 DITY SE ZIP 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 14.07(3)(b), fonds Statues Huther 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 consentation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE

appears in Block 12 or Bl

SIGNING OFFICER OR DIRECTOR

05/21/96

(904) 224-4449

(12/95)

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