

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 # P95000089544 (7)

1. Corporation Name

LIGHT A SIGN, INC.



Principal Place of Business

1593 VILLAGE GREEN DRIVE  
PORT ST. LUCIE FL 34952

Mailing Address

1593 VILLAGE GREEN DRIVE  
PORT ST. LUCIE FL 34952

3. Date Incorporated or Qualified

11/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

593351380

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACCURATE FILINGS & SEARCH SERVICES, INC.  
3424-18 OLD ST. AUGUSTINE RD.  
TALLAHASSEE FL 32311

81 Name

Edward F. Louderback

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

3050 Miracle Ln

83

84 City

Port Saint Lucie

FL

85 Zip Code

34952

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

Edward F. Louderback

president

4/15/96

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

(NOTE: Registered Agent signature required when reins atng)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME LOUDERBACK, EDWARD S  
STREET ADDRESS 1593 VILLAGE GREEN DR.  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

☐ DELETE

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME LOUDERBACK, EDWARD S  
1.3 STREET ADDRESS 1593 VILLAGE GREEN DR  
1.4 CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE Vice president  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

2.1 TITLE Vice president ☐ Change ☒ Addition  
2.2 NAME David Hisey  
2.3 STREET ADDRESS 1593 VILLAGE GREEN DR  
2.4 CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

3.1 TITLE secretary ☐ Change ☒ Addition  
3.2 NAME Kristian Louderback  
3.3 STREET ADDRESS 1593 VILLAGE GREEN DR  
3.4 CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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:

Edward F. Louderback

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15

Date

1407-337-4020

Daytime Phone #

CR2E034 (12/95)