FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 MAY 27 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P96000000737

1. Corporation Name

Sign Care, Inc.

Principal Place of Business / Mailing Address

2805 - Ninth St. N.
St. Petersburg, FL 33704

3. Date Incorporated or Qualified: 1/1/96	3a. Date of Last Report: n/a
4. FEI Number: 59-3359383	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 2805 Ninth St. N.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: St. Petersburg, FL 33704	28 City & State
24 Zip: 33704 25 Country: U.S.A.	29 Zip 30 Country

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525

10. Name and Address of New Registered Agent

61 Name: J. Thomas McGrady, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 7113 First Ave. So.
83
84 City: St. Petersburg FL 85 Zip Code: 33707

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: J. Thomas McGrady 5/15/97
(Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President William L. Sanderson 2805 Ninth St. N. St. Petersburg, FL 33704 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Diana T. DeVercelly 2805 Ninth St. N. St. Petersburg, FL 33704 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 800002196718--9 -05/30/97--01117--002 ****173.75 ****173.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 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: Diana T. DeVercelly Treas./Secy. 5/30/97 (813) 821-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Diana T. DeVercelly Treas./Secy.