04-21-1999 90210 044 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	P960001	03685
1. Corporation Name		. 00000.	00000

DYNAMIC SIGNS OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address	
7324 EXTER WAY TAMPA FL 33615	7324 EXTER WAY TAMPA FL 33615	

Principal Place of Business	Mailing Address		- I IMBNIDGE ISM SOCIA OSINI NONE MANIN MATERIA	re Miliam vellin Milian tertan Mire samt
324 EXTER WAY 7324 EXTER WAY AMPA FL 33615 TAMPA FL 33615			DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualifed 01/01/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-3421420	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc	* .	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip 30	Country	This corporation owes the current year I     Personal Property Tax.	ntangible XYes □No
9. Name and Address of Curr			10. Name and Address of New Registere	d Agent
FOLEY, DANA D		81 Name		
7324 EXTER WAY		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33615		83		
		84 City	F	85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli SIGNATURE</li> </ol>	ite of Florida. Such change was author	rized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered pointment as registered

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature re		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	
TITLE	P DELETE	1.1 TITLE	☐ Change	Addition
NAME	FOLEY, DANA D	1.2 NAME	·	
STREET ADDRESS	7324 EXTER WAY	1.3 STREET ADDRESS		1
CITY+ST-ZIP	TAMPA FL 33615	1.4 CITY-ST-ZIP		
TTLE	DELETE	2.1 TITLE	☐ Change	Addition
NAME		2.2 NAME		
STREET ADDRESS	and the second of the second o	2.3 STREET ADDRESS	and the second s	
CITY-ST-ZIP		2.4 CITY-ST-ZIP		D. J. Liber
TITLE	DELETE	3.1 TITLE	☐ Change	] Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY- ST- ZIP		
πιε	DELETE	4.1 TITLE	☐ Change	Addition
NAME		4, 2 NAME		
STREET ADDRESS	•	4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 C/TY-ST-Z/P		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	] Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
C/TY-ST-ZJP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE	☐ Change	Addition
NAME		6.2 NAME		j
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1 - Outline 440 07/0/0 Flyide Statute I further codify that the inform	

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 reporter 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, with all other like empowered.

SIGNATURE:

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIG