## FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMEN STATE

Sandra B. Morn

Secretary of St DIVISION OF CORPO ONS

DOCUMENT # P96000103990 (3)

QUALITY SIGNS, INC.

Principal Place of Business

2034 EDENFIELD PL LAKELAND FL 33801

Mailing Address

2034 EDENFIELD PL LAKELAND FL 33801-7800

## **FILED** May 06 1997 8:00am Secretary of State



3. Date Incorporated or Qualified

3a. Date of Last Report

				12/23/1996		N. Annii	od Eor	
2, Principal Place of Business		2a. Mailing Address		4. FEI Number		Applie	ppiicable	
1		26						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	le	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing		\$5.00 M		
3		28		Truet Fund Contribution		Added to I		
Zip	Country	Zip	Cotry	8. This corporation has liability for	intangible to	ax under 5. 1:	99.032,	
4	25	29	30		Yes			
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Ro	igistereu A	yen.		
BYW	ATER, JOSEPH G		Name		_			
	E EDGEWOOD DR		82 Street Add	ress (P.O. Box Number is Not Accepta	ble)			
	E 108B		0.0					
	ELAND FL 33803		83					
Mushin in agaa			a Ch	84 City 53		85 Zip Co	Zip Code	
				1 T			platored	
11. Pursuarit	to the provisions of Sections 607.05	302 and 607.1508, Florida Stat	utes, the ave-named cor	poration submits this statement for the ation's board of directors. I hereby according	purpose of	changing its ointment as re	registered agistered	
office or i	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was inations of Section 607 0605. I	s authorizeby the corpore Florida <b>Stal</b> es	rporation submits this statement for the attended by according board of directors. I hereby according to the submit of the according to the ac	obs wie -ww-			
agentra	dir Idiraliai wiiri, dilci accept pie con	gations of, decision dor topos, i	Torida Oppios.					
SIGNATURE	Signature, typied or printed name of registered a	igent and title if applicable. (N	OTE Registerezgent signature requ	uired when reinstating)	DATE		- N. 40	
12.		ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS  Change	Addition	
DITLE	D	DELETE	1.1 il.E			T Pusude	[ ] Million	
NAME	SWEENEY, JAMES A		.e.2 NAE					
STREET ADDRESS	1512 EDGEWOOD DRI E		1,3 STET ADDRESS					
CITY-ST-ZiF	LAKELAND FL 33803		1.4 Offi-ST-ZIP			1 1 6	1 Addition	
1146		☐ DELETE	2.1 1111			☐ Change	Addition	
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STREET ADDRESS			2.3 STRET ADDRESS					
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			2 4 CM - ST - 7IP				Addition	
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CITY - ST - 7IP TITLE		DELETE	3.1 TITE			Change		
CITY - ST- ZIP TITLE NAME		DELETE	3.1 VITE 3.2 NAME			☐ Change		
CITY - ST- ZIP TITLE NAME STREET ADDRESS		DELETE	3.1 VITE 3.2 NATE 3.3 STEET ADDRESS					
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