May 08, 1999 8:00 am Secretary of State

05-08-1999 90041 025 \*\*\*158.75

## 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 # P96000104011

1. Corporation Name

SIGNS NOW CORPORATION

Principal Place of Business		Mail	Mailing Address											
4900 MANATEE AVENUE WEST STE 201 BRADENTON FL 34209			4900 MANATEE AVENUE WEST STE 20 BRADENTON FL 34209					DO NOT W	VRITE I	IN THIS	SPACE	Ē		
							3.	Date Incorporated or Qualif 12/30/1996						
2. Principal Pl	ace of Business	2a.	Mailing Address	-			4.	FEI Number				App	lied For	
21		26						63-0927386					Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired	Desired 📈			\$8.75 Additional Fee Required		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be							
23			28				<u> </u>	Trust Fund Contribution	tion			Added to Fees		
Zip	Country		Zip	Country			8.	This corporation owes the	current	year Inta				
24	25	29	30					Personal Property Tax.			Y Yes	i	□No	
Name and Address of Current Registered Agent					т.		10.	Name and Address of Ne	w Regi	istered A	igent			
ETCI	HECON MICHAEL			81		Name								
etchieson, Michael 4900 Manatee Avenue West Ste 201				82	82 Street Address (P.O. Box Number is Not Acceptable)				:)			*		
BRADENTON FL 34209														
				_	L						ToeT	Zip C	'odo	
				84		City				FL	85	ZIP C	000	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	rized by	ĮΠ	named corpo ie corporation	oration n's bo	n submits this statement for pard of directors. I hereby ac	the pur cept th	pose of one appoint	changir itment	ıg its ı as reg	registered jistered			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if a	applicable. (NOTE: Reg	stered Ager	nt si	signature required	when re	reinstating)		DATE				
12.	OFFICERS AND	DIREC	TORS	13.				ADDITIONS/CHANGES TO	OFFIC	ERS AN				
TITLE	D		☐ DELETE	1.1 TITLE							☐ Cha	ange	Addition	
NAME	EVANS, MURRY J			1.2 NAME										
STREET ADDRESS	4900 MANATEE AVENUE WEST	STE 2	:01	13 STREET	TAI	DDRESS								
CITY-ST-ZIP	BRADENTON FL 34209			1.4 CITY-S	T- Z	ZIP								
TITLE	CTC		<b>Æ</b> ,DELETE	2.1 TITLE							Cha	₃nge	☐ Addition	
NAME.	EASON, DEWEY E			2.2 NAME										
STREET ADDRESS	4900 MANATEE AVENUE WEST	STE 2	201	2.3 STREET	TAI	LODRESS								
CITY-ST-ZIP	BRADENTON FL		·	2. 4 CITY-5	ST-	ZIP							F-1 & 4 PP	
TITLE	D		☐ DELETE	3.1 TITLE							Cha	ange	Addition	
NAME	SWANSON, JERRY W		1	3.2 NAME		}								
STREET ADDRESS	4900 MANATEE AVENUE WEST	STE 2	:01	3.3 STREET	TAI	DDRESS								
CITY-ST-ZIP	BRADENTON FL 34209			3.4. CITY-5	3T-2	ZIP								
TITLE			4.1 TITLE						Cha	ange	Addition			
NAME	ETCHIESON, MICHAEL L.			4. 2 NAME										
STREET ADDRESS	4900 MANATEE AVE., UNIT 201			4.3 STREE	TA	DDRESS								
CITY-ST-ZIP	BRADENTON FL			4.4 CITY-S	T- 2	ZIP								
TITLE	V		☐ OELETE	5.1 TITLE							Cha	ange	☐ Addition	
NAME	POLICH, CATHERINE			5.2 NAME										
STREET ADDRESS	4900 MANATEE AVE., UNIT 201			5.3 STREE										
CITY-ST-ZIP	BRADENTON FL			5.4 CITY-S	T-2	ZIP								

14. 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 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 anarchment with an address, with all other like empowered.

6.1 TITLE

6.3 STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Vice President Operations COTONA, Randy

.W. Ste. 201

Addition