

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90078 007 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
--	---	---

**DOCUMENT # P97000010904**

1. Corporation Name

**ALL ABOUT SIGNS & SERVICE, INC.**

Principal Place of Business

2627 SKYVIEW DRIVE W  
LAKELAND FL 33801

Mailing Address

2627 SKYVIEW DRIVE W  
LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1997

4. FEI Number

59-3438950

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 owes the current year Intangible

Personal Property Tax

☐ Yes☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 2727 INDUSTRIAL PARK DR.

Suite, Apt. #, etc.

22 LAKELAND

City &amp; State

23 FLORIDA

Zip

Country

24 33801

25 POLK

2a. Mailing Address

26 2727 INDUSTRIAL PARK DR.

Suite, Apt. #, etc.

27 LAKELAND

City &amp; State

28 FLORIDA

Zip

Country

29 33801

30 POLK

9. Name and Address of Current Registered Agent

TIBBETTS, MARK A  
2627 SKYVIEW DR W  
LAKELAND FL

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 CITY-ST-ZIP

1.6 CITY-ST-ZIP

1.7 CITY-ST-ZIP

1.8 CITY-ST-ZIP

1.9 CITY-ST-ZIP

1.10 CITY-ST-ZIP

1.11 CITY-ST-ZIP

1.12 CITY-ST-ZIP

1.13 CITY-ST-ZIP

1.14 CITY-ST-ZIP

1.15 CITY-ST-ZIP

1.16 CITY-ST-ZIP

1.17 CITY-ST-ZIP

1.18 CITY-ST-ZIP

1.19 CITY-ST-ZIP

1.20 CITY-ST-ZIP

1.21 CITY-ST-ZIP

1.22 CITY-ST-ZIP

1.23 CITY-ST-ZIP

1.24 CITY-ST-ZIP

1.25 CITY-ST-ZIP

1.26 CITY-ST-ZIP

1.27 CITY-ST-ZIP

1.28 CITY-ST-ZIP

1.29 CITY-ST-ZIP

1.30 CITY-ST-ZIP

1.31 CITY-ST-ZIP

1.32 CITY-ST-ZIP

1.33 CITY-ST-ZIP

1.34 CITY-ST-ZIP

1.35 CITY-ST-ZIP

1.36 CITY-ST-ZIP

1.37 CITY-ST-ZIP

1.38 CITY-ST-ZIP

1.39 CITY-ST-ZIP

1.40 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 CITY-ST-ZIP

1.6 CITY-ST-ZIP

1.7 CITY-ST-ZIP

1.8 CITY-ST-ZIP

1.9 CITY-ST-ZIP

1.10 CITY-ST-ZIP

1.11 CITY-ST-ZIP

1.12 CITY-ST-ZIP

1.13 CITY-ST-ZIP

1.14 CITY-ST-ZIP

1.15 CITY-ST-ZIP

1.16 CITY-ST-ZIP

1.17 CITY-ST-ZIP

1.18 CITY-ST-ZIP

1.19 CITY-ST-ZIP

1.20 CITY-ST-ZIP

1.21 CITY-ST-ZIP

1.22 CITY-ST-ZIP

1.23 CITY-ST-ZIP

1.24 CITY-ST-ZIP

1.25 CITY-ST-ZIP

1.26 CITY-ST-ZIP

1.27 CITY-ST-ZIP

1.28 CITY-ST-ZIP

1.29 CITY-ST-ZIP

1.30 CITY-ST-ZIP

1.31 CITY-ST-ZIP

1.32 CITY-ST-ZIP

1.33 CITY-ST-ZIP

1.34 CITY-ST-ZIP

1.35 CITY-ST-ZIP

1.36 CITY-ST-ZIP

1.37 CITY-ST-ZIP

1.38 CITY-ST-ZIP

1.39 CITY-ST-ZIP

1.40 CITY-ST-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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK A. TIBBETTS

3/18/99

Date

941-666-3790

Daytime Phone #

CR2E034 (1/98)