FILE NOW: FILING FEE AFTER MAY 1ST IS \$55 .00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT I

Sandra B. Morth

Secretary of Stat DIVISION OF CORPORA IONS

STATE

P97000024608 (6) DOCUMENT #

FILED Mar 25 1998 8:00am Secretary of State

DAYTONA SIGNS, INC. Principal Place of Business Mailing Address 313 SEABREEZE BLVD 313 SEABREEZE BLVD DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/14/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3437417 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 61 KIDD, SUSAN L 2435 & RIDGEWOOD AVE R2 Street Address (P.O. Box Number is Not Acceptable) SUITE #6 SOUTH DAYTONA FL 83 84 City Zip Code 85 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 reinstaling) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change **★** Addition TITLE 1.1 TITLE Pres., Treas. SCHENCK, GAYLE NAME 1.2 NAME CRZE034 Gayle Schenck 1728 MONTGOMERY DR 1.3 STREET ADDRESS STREET ADDRESS 1728 Montgomery Dr. HOLLY HILL FL 32117 1,4 CITY-ST-ZIP CITY - ST - ZIP Holly Hill, FL 32117 Y Addition DELETE Change TITLE 2.1 TITLE Secretary NAME 2.2 NAME Jenny Schenck STREET ADDRESS 2.3 STREET ADDRESS 1728 Montgomery Dr., Holly Hill, FL 32117 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE Vice Pres. NAME 3.2 NAME Robert Schenck STREET ADDRESS 3.3 STREET ADDRESS 1728 Montgomery Dr. CITY-ST-ZIP 3.4. CITY-ST-ZIP Holly Hill, FL 32117 DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 T. LE Change Addition 5.2 NAME NAME 5.3 S REET ADDRESS STREET ADDRESS CITY-ST-ZIP Y-ST-ZIP DELETE 6.1 ALE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in if changed, or on an attachment with an address.

2/1-190 Any 75427