

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000046658 (5)

1. Corporation Name

ALL SIGNS & GRAPHICS, INC.

Principal Place of Business

Mailing Address

211 N. OCOEE APOPKA RD.
OCOEE FL 34761

211 N. OCOEE APOPKA RD.
OCOEE FL 34761

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1997

4. FEI Number

59-3453201

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 or has paid the current year income
Personal Property Tax due June 30.

☒ Yes

2. Principal Place of Business

21 6854 FOREST CITY ROAD

Suite, Apt. #, etc.

22

City & State

23 ORLANDO, FLORIDA

Zip

24 32810

Country

25 U.S.A.

2a. Mailing Address

26 6854 FOREST CITY ROAD

Suite, Apt. #, etc.

27

City & State

28 ORLANDO, FLORIDA

Zip

29 32810

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

NORMAN, CLIFTON J
211 N. OCOEE APOPKA RD.
OCOEE FL 34761

10. Name and Address of New Registered Agent

81 Name

CLIFTON J. NORMAN

82

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

1406 GLENMORE DRIVE

83

84

City APOPKA

FL

85

Zip Code

32712

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

CLIFTON J. NORMAN

4-21-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D
NORMAN, CLIFTON J
10427 POINT VIEW COURT
ORLANDO FL 32836

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V.P.

NORMAN, CLIFTON J.

1406 GLENMORE DR.

APOPKA, FLORIDA 32712

PRESIDENT

CLARK, ADAM C.

1316 MONA AVE

OCOEE, FLORIDA 34761

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE:

4-21-98 407-293-4030

CR2E034 (10/97)