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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000074631 (7)

H R SIGNS & EQUIPMENT, INC.

FILED Mar 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 316 CLEARLAKE RD. 316 CLEARLAKE RD. COCOA FL 32922 COCOA FL 32922 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/27/1997 El Number 2. Principal Place of Business 2a. Mailing Address Applied For 347 141 CLEARIAKE 141 CLAR LAKE RO 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired COCO A Fee Required 27 22 OCOA City & State 6. Election Campaign Financing \$5.00 May Be 329 RD 28 Trust Fund Contribution 23 Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Brev ARD Yes Yes 24 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BUCHALTER, NEIL J 1053 CHENEY HWY. 82 Street Address (P.O. Box Number is Not Acceptable) TITUSVILLE FL 32780 83 84 City 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 607.0506, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Free Change Addition TITLE DELETE 1.1 TITLE President NAME 1.2 NAME ROLLING: STEPHEN W STREET ADDRESS SIG CLEARLAKE RD. 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST- ZIP Change DELETE Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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.