

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 # P97000077363

1. Corporation Name

COMMERCIAL SIGN TECHNOLOGIES, INC.

Principal Place of Business

4735 PHYLLIS ST
JACKSONVILLE FL 32254
US

Mailing Address

4735 PHYLLIS ST
JACKSONVILLE FL 32254
US

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90030 033 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1997

4. FEI Number

59-3466585

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

9. Name and Address of Current Registered Agent

BANE, JACKIE
4735 PHYLLIS STREET
JACKSONVILLE FL 32254

10. Name and Address of New Registered Agent

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

Jackie Bane President JACKIE BANE

4-26-99

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 P
NAME BANE, JACKIE
STREET ADDRESS 598 BRANSCOMB RD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

☐ DELETE

TITLE VP
NAME BANE, DEBORAH
STREET ADDRESS 4735 PHYLLIS ST
CITY-ST-ZIP JACKSONVILLE FL 32254

☐ DELETE

TITLE S
NAME BANE, DAVID B
STREET ADDRESS 2025 POST ST
CITY-ST-ZIP JACKSONVILLE FL 32204

☐ DELETE

TITLE T
NAME WUNSCH, MIKE
STREET ADDRESS 4735 PHYLLIS ST
CITY-ST-ZIP JACKSONVILLE FL 32254

☐ DELETE

TITLE VP
NAME NELSON, ROBERT
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition

1.2 NAME Nelson, Robert K.

1.3 STREET ADDRESS 4619 Morris Rd.

1.4 CITY-ST-ZIP Jacksonville, FL 32225

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Jackie Bane REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 (904) 389-6001
Date Daytime Phone #

CR2E034 (11/98)