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05-03-1999 90030 033 ***150.00

UNCLAS 12

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/08/1997

4. FEI Number
59-3466585

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
85 Zip Code
FL

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 DELETE
NAME BANE, JACKIE
STREET ADDRESS 598 BRANSCOMB RD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043
TITLE VP DELETE
NAME BANE, DEBORAH
STREET ADDRESS 4735 PHYLLIS ST
CITY-ST-ZIP JACKSONVILLE FL 32254
TITLE S DELETE
NAME BANE, DAVID B
STREET ADDRESS 2025 POST ST
CITY-ST-ZIP JACKSONVILLE FL 32204
TITLE DELETE
NAME WUNSCHER, MIKE
STREET ADDRESS 4735 PHYLLIS ST
CITY-ST-ZIP JACKSONVILLE FL 32254
TITLE VP DELETE
NAME NELSON, ROBERT
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 4-26-99 (904) 389-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)