

**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

APPROVED  
99 FEB 16 11 09:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000032429**

1. Corporation Name  
**RICK'S SIGNS & TINT, INC.**



Principal Place of Business

**3535 NE FORT KING STREET  
#258  
OCALA FL 34470**

Mailing Address

**3535 NE FORT KING STREET  
#258  
OCALA FL 34470**

2. Principal Place of Business

21 **13 S PINE AVE**

22

23 **OCALA FL**

24 **34475** 25 **USA**

2a. Mailing Address

26 **13 S PINE AVE**

27

28 **OCALA FL**

29 **34475** 30 **USA**

9. Name and Address of Current Registered Agent

**ATKINSON, JOHN  
3535 NE FORT KING STREET  
#258  
OCALA FL 34470**

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 607.0102 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 607.0105, Florida Statutes.

SIGNATURE

**JOHN ATKINSON - PRESIDENT** DATE **2/14/99**

12. OFFICERS AND DIRECTORS

TITLE **D** [ ] DELETE

NAME **ATKINSON, JOHN**  
STREET ADDRESS **3535 NE FORT KING STREET, #258**  
CITY-ST-ZIP **OCALA FL 34470**

TITLE [ ] DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS

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 in an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/06/1998**

4. FEI Number

**593501973**

Applied For Not Applicable  
**\$8.75** Additional Fee Required

5. Certificate of Status Desired [ ]

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 [X] No

10. Name and Address of New Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
[ ] Change [ ] Addition  
\*\*\*\*\*150.00 [ ] Change [ ] Addition

**403  
2-18-99**

**2/14/99 (352) 817 3421**

0485561

CR2E034 (11/98)