

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90207 038 ***150.00

DOCUMENT # P98000065243

1. Corporation Name
ANOTHER SIGN SHOP, INC.

Principal Place of Business
2709 COVE VIEW DRIVE S.
JACKSONVILLE FL 32257

Mailing Address
2709 COVE VIEW DRIVE S.
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1998

4. FEI Number

59-3522444

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

2. Principal Place of Business

21 187 VANDERFORD RDW

Suite, Apt. #, etc.

22 ORANGE PARK FL

City & State

24 32073 25 CLAY

Zip

Country

2a. Mailing Address

26 PO BOX 520

Suite, Apt. #, etc.

27 ORANGE PARK FL

City & State

29 32067-0520 30 CLAY

Zip

Country

9. Name and Address of Current Registered Agent

MURRAY, JANIS R
2709 COVE VIEW DRIVE S.
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

B. SHERRON NASH

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

187 VANDERFORD RD W

83

84 City

ORANGE PARK

FL

85 Zip Code

32073

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 B. SHERRON NASH, PRES.

(NOTE: Registered Agent signature required when reinstating)

4-27-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME MURRAY, JANIS R
STREET ADDRESS 2709 COVE VIEW DRIVE S.
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE D ☐ DELETE
NAME NASH, B. SHERRON
STREET ADDRESS 2709 COVE VIEW DRIVE S.
CITY-ST-ZIP JACKSONVILLE FL 32257

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME B. SHERRON NASH
1.3 STREET ADDRESS 187 VANDERFORD RD W
1.4 CITY-ST-ZIP ORANGE PARK FL 32073

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: B. SHERRON NASH B. SHERRON NASH 4-27-99 904-215-7576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)