


FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90015 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000072773 1. Corporation Name SIGN PRO OF NORTH FLORIDA, INC.					
Principal Place of Business 2348 CHERYL DRIVE JACKSONVILLE FL 32217			Mailing Address 2348 CHERYL DRIVE JACKSONVILLE FL 32217		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 08/18/1998					
2. Principal Place of Business 21 4008 PITTMAN DR Suite, Apt. #, etc. 22 JACKSONVILLE City & State 23 FLORIDA Zip 24 32207		2a. Mailing Address 25 4008 PITTMAN DR Suite, Apt. #, etc. 26 JACKSONVILLE City & State 27 FL Zip 28 32207		4. FEI Number 59-3528555 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent PATTERSON, RICHARD T 2348 CHERYL DRIVE JACKSONVILLE FL 32217			10. Name and Address of New Registered Agent 81 Name JAMES M PATTERSON 82 Street Address (P.O. Box Number is Not Acceptable) 4008 PITTMAN DRIVE 83 84 City JACKSONVILLE FL 85 Zip Code 32207		
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 <u><i>Diana Patterson</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input checked="" type="checkbox"/> DELETE NAME PATTERSON, RICHARD T STREET ADDRESS 2348 CHERYL DRIVE CITY-ST-ZIP JACKSONVILLE FL 32217			1.1 TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Diana Patterson 1.3 STREET ADDRESS 4008 Pittman Dr 1.4 CITY-ST-ZIP Jacksonville FL 32207		
TITLE D <input type="checkbox"/> DELETE NAME PATTERSON, JAMES M STREET ADDRESS 4008 PITTMAN DRIVE CITY-ST-ZIP JACKSONVILLE FL 32207			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: *Diana Patterson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99 (904) 733-6050
 Date Daytime Phone #

CR2E034 (11/98)