## 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 # P98000081807** 

1. Corporation Name

MR. SIGNS OF ENGLEWOOD, INC.

99 JUN - 9 PHI2: 51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Plac	e or business	Mailing Address							
7246 Mineola Rd. 7246 Mineola Rd. Englewood, FL 34224 Englewood, FL 34224				224					
	20,000, 12 34224	Englewood, FD 34224		DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed			
						09/17/98			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For	
21		26		65-0865807		ot Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	e of Status Desired		
City & State City & State						6. Election Campaign Financing	- <del></del>	<del></del>	
23		28				Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Countr	у		8. This corporation owes the current year h		101000	
24	25	29	30			Personal Property Tax.	☐ Yes	<b>X</b> ]No	
	9. Name and Address of Current		1			10. Name and Address of New Registered	Agent		
CHC	AN A PENNITE		81	l Na	me				
SUSAN A. KENNIE				2 Str		(D.O. Barrallon barrie Mad Assessable)			
7246 Mineola Rd.				2 511	eet Aodre	ess (P.O. Box Number is Not Acceptable)			
Eng.	lewood, FL 34224		83	3					
			L						
			84	City	ý	F	<b>85</b>   Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statut	tes, the abov	_l /e-nan	ned corpo	pration submits this statement for the purpose of	of changing its	registered	
office or		f Florida. Such change was a	uthorized by	the c		n's board of directors. I hereby accept the appe			
1	• • •	ons of, Section 607.0303, Fic	moa Statutes	<b>3</b> .					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered Age	ent signa	ture required	when reinstaling) DATE	- <del></del>		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	Susan A. Kennie	•	1.2 NAME		-				
STREET ADDRESS	7246 Mineola Ro		1.3 STREE	T ADDR	ESS				
CITY-ST-ZIP	Englewood, FL		1.4 CITY 5	ST-ZIP	1	80000290! -06/15/33-	5208	33	
TITLE		☐ DELETE	2.1 TITLE			-06715793-	-UHUGGE	-U Addition	
NAME	ļ		2.2 NAME			****150.0	] ****	150.00	
STREET ADDRESS			2.3 STREE	ET ADDR	ESS				
CITY-ST-ZIP			2.4 CITY-						
TITLE	· · · · · · · · · · · · · · · · · · ·		3 1 TITLE				☐ Change	Addition	
NAME	,		3.2 NAME						
STREET ADDRESS	A.		33 STREE	T ADOR	ESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE			4.1 TITLE	4.1 TITLE			☐ Change	☐ Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADOR	ESS				
forty-st-zip			4.4 CITY-5	ST-ŽIP					
TITLE		☐ DELETE	51 TITLE				Change	☐ Addition	
NAME	Į		5.2 NAME				_		
STREET ADDRESS			5.3 STREE	TADOR	ESS				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP					
TITLE	<b> </b>	□ DELETE	6.1 TITLE				□ Change	☐ Addition	

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.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE: 12

NAME

STREET ADDRESS



Susan A. Kennie, President Mr. Signs of Englewood, Inc. 7246 Mineola Road Englewood, FL 34224

May 6, 1999

60007

Florida Department of State Post Office Box 6327 Tallahassee, Florida 32314

Re:

Mr. Signs of Englewood, Inc. Document No. P98000081807

## Gentlemen:

With regard to the above referenced corporation, I did not receive an Annual Report which I understand is to be filed with Florida Department of State.

Accordingly, enclosed please find my check made payable to the Florida Department of State in the amount of \$150.00 as the annual report fee.

Please note that all correspondence regarding this matter should be directed to:

7246 Mineola Road Englewood, Florida 34224

Thank you your cooperation and assistance in this matter.

Sincerely,

asan a. Kennie

Susan A. Kennie