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 # P98000096958

1. Corporation Name

LONGVIEW SIGNS ESCROW, INC.

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90079 007 ***150.00



Principal Place of Business Mailing Address					ישט זווסו ושושו שוו ופשוושטו ו	וו שוופט וווטס וווטט ו.	THE SHIP HES	
2201 CANTU COURT #102A		2201 CANTU COURT #102A						
		SARASOTA FL 34232		50 1107 11	IDITE IN THIS I	CDACE		
						RITE IN THIS S	SPACE	
					3. Date Incorporated or Qualit	ea .		ļ
					11/17/1998 4. FEI Number			pplied For
2. Principal Pl	ace of Business	2a. Mailing Address					 	ot Applicable
21		26 Suite Ant # etc			65-0876617			Additional
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		<u></u>	5. Certifcate of Status Desired			equired
City & State	2	City & State			6. Election Campaign Financi	ng.		May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the o	•		57
24	25 29 30				Personal Property Tax.		Yes	X ∏No
Name and Address of Current Registered Agent					10. Name and Address of Ne	w Registered A	.gent	
COD	DODATION CERVICE COMPANY		81	Name				
CORPORATION SERVICE COMPANY				Street A	Address (P.O. Box Number is Not Acco	eptable)		-
1201 HAYS STREET]					
TALLAHASSEE FL 32301-2525			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		TOTAL BOOK BOOK BOOK BOOK BOOK BOOK BOOK BOO			equired when reinstating)	DATE		\
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg 12. OFFICERS AND DIRECTORS			13.	(signature re	ADDITIONS/CHANGES TO		D DIRECTO	ORS IN 12
TITLE	PSD OFFICERS AND	DELETE	1.1 TITLE		ABBITIONOGO	<u> </u>	Change	☐ Addition
NAME	BIDDINGER, JOHN W	_	1.2 NAME	ļ				-
STREET ADDRESS	7491 ALBERT TILLINGHAFT DRI	VF	1.3 STREET	ADDRESS				
!	SARASOTA FL 34240	' L	1.4 CITY-ST			2		
CITY-ST-ZIP	V	☐ DELETE	2.1 TITLE	-	Vice President		K Change	☐ Addition
NAME	HOETGER, JAMES		2.2 NAME		James A. Hoetger			
STREET ADDRESS	7491 ALBERT TILLINGHAFT DRI	VF	2.3 STREET	ADDRESS	2201 Cantu Court, St	ite 102 <i>1</i>		
CITY-ST-ZIP	SARASOTA FL 34240	7 6	2.4 CITY-S		Sarasota, Florida 34	1232-6254	Į.	
TITLE	Oranio militari	☐ DELETE	3.1 TITLE		Darabota, 11011		☐ Change	☐ Addition
NAME			3.2 NAME			- i	• •	
STREET ADDRESS			3.3 STREET	ADDRESS		,]
CITY-ST-ZIP			3.4. CITY-S	T-ZIP				{
TITLE		☐ ĐELETE	4.1 TITLE	-			Change	` Addition
NAME			4 2 NAME	ĺ				
STREET ADDRESS			4.3 STREET	ADDRESS				l
CITY-ST-ZIP			4.4 CITY- S					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME .			5.2 NAME					

14. I hereby centify 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, of on an attachment with an address, with all other like empowered. CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

□ DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

BONAME OF SIGNING OFFICER OR DIRECTOR

"Jämes A. Hoetger

1/25/99

(941) 377-6710

Daytime Phone #

Change

Addition