P99000042271

## May 23, 2002 8:00 am Secretary of State 05-23-2002 90066 048 \*\*\*150.00

Mailing Address 318 S HWY 17-92 155 S. HWH 17-92 DEBARY FL 32713 Debary FL 32719 3. Mailing Address S. HWY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 501F City & State 4. FEI Number 59-3578577 Debaru Zip ----Country -\$8.75 Additional 5. Certificate of Status Desired 32712 USA Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name

Dorton, Richard L. DORTON, RICHARD L 211 Bayou Vista Debary FL 32713 **474 RIVER DRIVE** DEBARY FL 32713

City Zip Code purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

8. The above named entity submits SIGNATURE (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

DOCUMENT #

Principal Place of Business

DEBARY FL 32713 SUIT C

2. Principal Place of Business

Suite, Ap #, etc.

City & State

Debary

S-HWY

C.R. SIGNS & LETTERING, INC.

318 S HWY 17-92 155 S. HWY 17-92

Debary FL 32713

Country. -

JSA

1. Entity Name

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE CR2E034 (9/01) Change ☐ Addition NAME DORTON, CAROLINE Dorton, Caroline NAME STREET ADDRESS **474 RIVER DRIVE** 211 Baypo vista STREET ADDRESS CITY-ST-ZIP DEBARY FL 32713 CITY-ST-ZIP Debary fl 30713 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST-ZIP CITY\_ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP