

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000070515

1. Entity Name

SOUTHERN SIGNS, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-08-2000 90039 042 ***150.00

Principal Place of Business 1316 S. STATE ST (U.S.1) P.O. BOX 524 BUNNELL FL 32110-0524	Mailing Address 1316 S. STATE ST (U.S.1) P.O. BOX 524 BUNNELL FL 32110-0524
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business #1316 Suite, Apt. #, etc. BUNNELL City & State FL Zip 32110 Country USA	3. Mailing Address P.O. Box 524 Suite, Apt. #, etc. BUNNELL City & State FL Zip 32110 Country USA
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4. FEI Number 59-3592256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDMONSON, FLYNN W
807 N. ANDERSON STREET
BUNNELL FL 32110

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLYNN W. EDMONSON <input type="checkbox"/> Delete PRES. P.O. BOX 524 BUNNELL, FL 32110-0524	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLYNN W. EDMONSON <input type="checkbox"/> Delete SEC. SAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLYNN W. EDMONSON <input type="checkbox"/> Delete TREAS. SAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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.

SIGNATURE: FLYNN W. EDMONSON **FLYNN W. EDMONSON** 4-25-00 (904) 437-3424
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)