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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S17044

(6)

1. Corporation Name

FT. MYERS TRIM & SIGN, INC.

Principal Place of Business

2420-3 CONCORDE DRIVE
FT. MYERS FL 33901
US

Mailing Address

2420-3 CONCORDE DRIVE
FT. MYERS FL 33901-9145
US



3. Date Incorporated or Qualified
11/14/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 3775-A Fowler St.

2a. Mailing Address

26 3775-A Fowler St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ft. Myers, FL.

City & State

28 Ft. Myers, FL.

Zip

Country

24 33901

25 Lee

Zip

Country

29 33901

30 Lee

4. FEI Number

65-0223361

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MILLER, JOHN B.
905 WILLARD AVE.
LEHIGH ACRES FL 33970

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DPM	MILLER, JOHN B.	905 WILLARD AVE	LEHIGH ACRES FL	<input type="checkbox"/>
V	MILLER, PAUL F	121 ROBERT AVE	LEHIGH ACRES FL	<input type="checkbox"/>
V	MILLER, JAMES L.	LOCUST ST	MT VERNON KY	<input type="checkbox"/>
ST	MILLER, JOHN E	905 WILLARD AVE	LEHIGH ACRES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John B. Miller

4-30-97

941-939-2343

Date

Daytime Phone #

0306351

CR2E034 (9/96)