

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90146 019 ***158.75

DOCUMENT # S17044

1. Corporation Name

FT. MYERS TRIM & SIGN, INC.

Principal Place of Business

3775A FOWLER ST
FT MYERS FL 33901
US

Mailing Address

3775 A FOWLER ST
FT. MYERS FL 33901
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1990

4. FEI Number

65-0223361

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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)

10545 Putnam Ct.

83

Lehigh Acres

84 City

FL

85 Zip Code

33936

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

John Miller Pres.

4-27-99

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 DPM ☐ DELETE

NAME MILLER, JOHN B.
STREET ADDRESS 905 WILLARD AVE
CITY-ST-ZIP LEHIGH ACRES FL

TITLE V ☐ DELETE

NAME MILLER, PAUL F
STREET ADDRESS 121 ROBERT AVE
CITY-ST-ZIP LEHIGH ACRES FL

TITLE V ☐ DELETE

NAME MILLER, JAMES L.
STREET ADDRESS OLD SUMMERSET RD
CITY-ST-ZIP MT VERNON KY

TITLE ST ☐ DELETE

NAME MILLER, JOANN
STREET ADDRESS 905 WILLARD AVE
CITY-ST-ZIP LEHIGH ACRES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 10545 Putnam Ct. P.O. Box 1204

1.4 CITY-ST-ZIP Lehigh Acres, FL. 33970

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

10545 Putnam Ct. P.O. Box 1204
Lehigh Acres, FL. 33970

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Miller

4/27/99

941-939-2343

Date

Daytime Phone #

CR2E034 (11/98)

0447503