

FILE NOW: FILING FEE AFTER MAY 1 IS \$2

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT  
Sandra B. Moritt  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S60254 (7)

1. Corporation Name

ROYAL SIGN SUPPLIES, INC.



Principal Place of Business

Mailing Address

6928-D SONNY DALE DR  
W. MELBOURNE FL 32904  
US

6928-D SONNY DALE DR  
W. MELBOURNE FL 32904  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

CHASE, CHARLES A.  
8639 SHERIDAN ROAD  
W. MELBOURNE FL 32904

Name

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

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 true if applicable

(NOTE: Registered agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME CHASE, CHARLES A.  
STREET ADDRESS 8639 SHERIDAN RD  
CITY-ST-ZIP W MELBOURNE FL

☐ DELETE

TITLE VPS  
NAME CHASE, CATHY ANN  
STREET ADDRESS 8639 SHERIDAN RD  
CITY-ST-ZIP W MELBOURNE FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

Charles A. Chase  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles A. Chase 4/30/96

Date

Daytime Phone #

CR2E034 (12/95)