

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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AND
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99 JUL -8 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA06/24/99 90069 005 \$150.00
006 \$ 8.75

DO NOT WRITE IN THIS SPACE:

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V03542 1. Corporation Name R & W SIGNS, INC.					
Principal Place of Business PO BOX 1491 LARGO FL 33779			Mailing Address PO BOX 1491 LARGO FL 33779		

2. Principal Place of Business 8470 Ulmerton Rd Suite, Apt. #, etc. Build. 5C City & State LARGO FL Zip 33771		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Pinellas		3. Date Incorporated or Qualified 12/27/1991	
21. 8470 Ulmerton Rd		26. Pinellas		4. FEI Number 59-3099285	
22. Build. 5C		27. Pinellas		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23. LARGO FL		28. Pinellas		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. 33771		29. Pinellas		8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent RYALS, ROBERT 9470 ULMERTON ROAD UNIT 5C LARGO FL 33771			10. Name and Address of New Registered Agent		
81. Name			82. Street Address (P.O. Box Number is Not Acceptable)		
83.			84. City		
85. Zip Code			FL		

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Wanda Hatcher Signature, typed or printed name of registered agent and file if applicable		DATE April 27, 1999 (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME RYALS, ROBERT STREET ADDRESS 3251 GARRISON RD CITY, ST, ZIP PALM HARBOR FL 34883	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE M NAME HATCHER, WANDA STREET ADDRESS 3251 GARRISON RD CITY, ST, ZIP PALM HARBOR FL 34883	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

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:

Wanda Hatcher
SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR
1-4-99 727-586-13
(Phone No.)