FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V19507

(5)

RON THE SIGN MAN, INC.

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% RONALD LEE YRIGOYEN 0074 NAVARRE PARKWAY NAVARRE FL 32566

Principal Place of Business

% RONALD LEE YRIGOYEN 8074-NAVARRE-PARKWAY NAVARRE FL 32566

|--|--|

NAVARHE FL 32566		NAVARRE FL 32586					3. Date Incorporated or Qualified 03/05/1992	3a. Date of Last Report 04/25/1995						
2. Principal Pla	ace of Busine	SS	2a	. Mailing Address					4. FEI Number	<u>.</u>		Applied For		
Aloo PALO ALTO ST			26					7	59-3116390			Not Applicable		
Suite, Apt. #, etc.			==1	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional				
22		**************************************	27									Required		
City & State				City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees							
Z ip 24		Country 25	29	Zip	30 Cd	ountry			8. This corporation has liability for in Florida Statutes					
	g, Name	and Address of Currer	t Regis	stered Agent		T			10. Name and Address of New R	egistered	Agent			
						81	Ī	Varne						
VDIGOV	(EN, RONA	IN IEE					ļ.,			 				
	AVARRE PA					82	۱۶	Street Addres <i>スト</i> のの	Address (P.O. Box Number is Not Acceptable) 100 PAho ALTO 57					
						83								
NAVAN	RE FL 3256	X 0												
						84		Dity		FL	85 Zi	p Code		
44 5				0-77-00 F0 331 003 3			l		Para de la companya del companya de la companya del companya de la					
or register	red agent, or	both, in the State of Flori of the obligations of, Sect	da, Sub	ch change was authorize	zed by the	corp	ora	ned corporat ation's board	tion submits this statement for the pur i of directors. I hereby accept the appo	pose or cha pintment as	registered	agent. I am		
SIGNATURE	Signature, typed	or printed name of registered agent			OTF: Rugister	ed Ager	ntsg	gnature required v	when reinstating)	DATE				
12.		OFFICERS AN	D DIRE		13	·	·	₇	ADDITIONS/CHANGES TO OFF					
TITLE	D			DELETE	1 1	TITLE					Change	Addition		
NAME		ren, ronald lee			1.2	NAME			100 PALOALTOS	77.				
STREET ADDRESS		AVARRE PARKWAY			1.3	STREET	ADI	DRESS .2	100 PARONAID	•				
CITY-ST-ZIP	NAVAR	re fl			1.4	CITY-5	ST - Z	ZIP						
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STREET ADDRESS					2.3	STREET	ADI	DRESS						
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						TITLE				ι		□ Volution		
NAME	1					NAME								
STREET ADORESS	1					STREET								
CITY-ST-ZIP	1				64	CITY-S	S1 - Z	ZIP						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 logal 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 grianged, or on an attachment with an address.

SIGNATURE:

4/30/96

904-939-1252

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)