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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(0)

LICKITY-SPLIT SIGN SHOP, CORP.

FILED

Feb 23 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 311 MAGNOLIA AVENUE 475 CARRIOCA COURT MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3130199 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Ζıρ Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 EFSTATHIOU, KAREN A. **475 CARRIOCA COURT** 82 Street Address (P.O. Box Number is Not Acceptable) **MERRITT ISLAND FL 32953** 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE **EFSTAHIOU, NICK** NAME 1.2 NAME **475 CARRIOCA COURT** 1.3 STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition EFSTAHIOU, KAREN A. 2.2 NAME NAME **475 CARRIOCA COURT** 2.3 STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change ___ Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITL€ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

6.4 CrTY-ST-ZIP

CITY-ST-ZIP