FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V59960** **(7)**

1. Corporation Name
ADVANTAGE SIGN CO.

Principal Place of Business	Mailing Address
343 E DOUGLAS RD STE 1 OLDSMAR FL 34677 US	343 E DOUGLAS RD STE. #1 OLDSMAR FL 34677 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1992
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21 208 TOWER DRIVE	26 208 TOWER DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 OLDSMAR, FL	City & State 28 OLDSMAR, FL
Zip 24 34677 Country 25 PINELLAS	Zip 29 34677 Country 30 PINELLAS

4. FEI Number: 59-3143490 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
D & B CORPORATE SERVICES INC. 5999 CENTRAL AVE STE 202 ST PETERSBURG FL 33710	81 Name: TOWNSEND & BRANNON 82 Street Address (P.O. Box Number is Not Acceptable): 608 WEST HORATIO ST. 83 84 City: TAMPA FL 85 Zip Code: 33604

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☑ Change ☐ Addition
NAME	DELELLIS, JAMES P.	12 NAME		
STREET ADDRESS	343 E DOUGLAS RD, STE 1	13 STREET ADDRESS	208 TOWER DRIVE	
CITY-ST-ZIP	OLDSMAR FL	14 CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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)(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.

SIGNATURE: James P. DeLellis 4/21/94 (813)855-6476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0346773 CP