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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J00519 (5)

1. Corporation Name
ONE HOUR SIGNS, INC.



Principal Place of Business
* ROBERT H. THORNTON
2214 NORTH MONROE STREET
TALLAHASSEE FL 32303-4732

Mailing Address
~~* ROBERT H. THORNTON~~
2214 NORTH MONROE STREET
TALLAHASSEE FL 32303-4732

3. Date Incorporated or Qualified 02/21/1986
3a. Date of Last Report 06/25/1996

2. Principal Place of Business
21 Scott H. Thornton
Suite, Apt. #, etc.

2a. Mailing Address
26 Scott H. Thornton
Suite, Apt. #, etc.

4. FEI Number 59-2661644
Applied For Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

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

24 Zip Country

25 Country

29 Zip Country

30 Country

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

9. Name and Address of Current Registered Agent
THORNTON, ROBERT H.
2214 NORTH MONROE STREET
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent
81 Name Scott Thornton
82 Street Address (P.O. Box Number is Not Acceptable) 2214 N. Monroe St.
83
84 City Tallahassee FL 85 Zip Code 32303

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: *Scott H. Thornton* V.P. DATE: 5/5/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | THORNTON, MARTHA H. | |
| STREET ADDRESS | 2214 NORTH MONROE STREET | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | THORNTON, ROBERT H. | |
| STREET ADDRESS | 2214 NORTH MONROE STREET | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|-----------------------|--|
| 1.1 TITLE | Pres. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Jennifer L. Thornton | |
| 1.3 STREET ADDRESS | 2214 N. Monroe St. | |
| 1.4 CITY - ST - ZIP | Tallahassee, FL 32303 | |
| 2.1 TITLE | V.P./ST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Scott H. Thornton | |
| 2.3 STREET ADDRESS | 2214 N. Monroe St. | |
| 2.4 CITY - ST - ZIP | Tallahassee, FL 32303 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

14. I do 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.

SIGNATURE: *Scott H. Thornton* V.P. DATE: 5/5/97 (904) 395-5450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)