

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara B. Murrain
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:28

DOCUMENT # P94000059386 (0)

1. Corporation Name

OVER-THE-ROAD ADVERTISING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1155 US HWY ONE, 304
JUNO BEACH FL 33408

Mailing Address

1155 US HWY ONE, 304
JUNO BEACH FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/05/1994** 3a. Date of Last Report **n/a**

2. Principal Place of Business
21 **14155 U.S. Highway One**

2a. Mailing Address
26 **14155 U.S. Highway One**

4. FEI Number **65-0520393** Applied For Not Applicable

22 **Suite 304**

27 **Suite 304**

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

23 **Juno Beach, Florida**

28 **Juno Beach, Florida**

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

24 **33408** 25 **U.S.A.**

29 **33408** 30 **USA**

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

9. Name and Address of Current Registered Agent

**THOMAS, THOMAS J
1155 US HWY ONE, 304
JUNO BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name **Thomas J. Thomas**
82 Street Address (P.O. Box Number is Not Acceptable) **14155 U.S. Highway One**
83 **Suite 304**
84 City **Juno Beach** 85 Zip Code **FL 33408**

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 *Thomas J. Thomas* **THOMAS J. THOMAS** **4-25-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ALLEN, CLIFFORD C**
STREET ADDRESS **143 TOWNSEND AVE**
CITY-ST-ZIP **BOOTHBAY HARBOUR ME 04538**

TITLE **D**
NAME **ABBE, JOHN T**
STREET ADDRESS **3003 S CONGRESS AVE, 2F**
CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE **D**
NAME **SCHOEPF, ROBERT H**
STREET ADDRESS **3003 S CONGRESS AVE, 2F**
CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE **D**
NAME **THOMAS, THOMAS J**
STREET ADDRESS **1155 US HWY ONE, 304**
CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D** Change Addition
12 NAME **Abbe, John**
13 STREET ADDRESS **63014 Barbers Island**
14 CITY-ST-ZIP **Boothbay, ME 04571**

21 TITLE **D,P,T** Change Addition
22 NAME **Schoepf, Robert H.**
23 STREET ADDRESS **3003 S. Congress Ave, 2F**
24 CITY-ST-ZIP **Palm Springs, FL 33461**

31 TITLE **D,VP, S** Change Addition
32 NAME **Thomas J. Thomas**
33 STREET ADDRESS **14155 U.S. Highway One, Suite 304**
34 CITY-ST-ZIP **Juno Beach, FL 33408**

41 TITLE **D,VP** Change Addition
42 NAME **Maxwell, William R.**
43 STREET ADDRESS **4543 Stow Road**
44 CITY-ST-ZIP **Stow, Ohio 44224**

51 TITLE **VP** Change Addition
52 NAME **Drizin, Jerome**
53 STREET ADDRESS **1940 W. Bay Drive #4**
54 CITY-ST-ZIP **Largo, FL 34640**

61 TITLE **D** Change Addition
62 NAME **Allen, Clifford C.**
63 STREET ADDRESS **3211 S.W. 42nd Street**
64 CITY-ST-ZIP **Ocala, FL 34474**

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 110.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or (Block 13 if changed), or on an attachment, with an address.

SIGNATURE: *Robert H. Schoepf, Pres.* **4/27/95** **401-968-1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Signature Fees: \$)
ROBERT H. SCHOEPF, PRES.