

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 FEB 16 AM 9: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **191490** (2)
1. Corporation Name
LAMAR ADVERTISING OF TALLAHASSEE, INC.

Principal Place of Business Mailing Address
5551 CORPORATE BLVD. STE 2A **5551 CORPORATE BLVD. STE 2A**
P O BOX 66339 **P O BOX 66339**
BATON ROUGE LA 70896 **BATON ROUGE LA 70896**

300001410083

-02/20/95--01043--002

DO NOT WRITE IN THIS SPACE
***200.00

3. Date Incorporated or Qualified **03/08/1956** 3a. Date of Last Report **02/14/1994**
4. FEI Number **59-0968965** 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

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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (2) (3) Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS

TITLE	CDP
NAME	REILLY, JR. KEVIN P
STREET ADDRESS	5551 CORPORATE BLVD,2-A
CITY - ST - ZIP	BATON ROUGE LA
TITLE	SD
NAME	LAMAR, CHARLES W. III
STREET ADDRESS	5551 CORPORATE BLVD,2-A
CITY - ST - ZIP	BATON ROUGE LA
TITLE	TYD
NAME	ISTRE, KEITH A
STREET ADDRESS	5551 CORPORATE BLVD,2-A
CITY - ST - ZIP	BATON ROUGE LA
TITLE	D
NAME	REILLY, WENDELL
STREET ADDRESS	5551 CORPORATE BLVD,2-A
CITY - ST - ZIP	BATON ROUGE LA
TITLE	VD
NAME	MARCHAND, GERALD
STREET ADDRESS	5551 CORPORATE BLVD,2-A
CITY - ST - ZIP	BATON ROUTE LA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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 biennial annual report is true and accurate and that my signature shall have the same legal effect as if made under oath in Block 12 or Block 13, changed, or on an attachment with an affidavit.

SIGNATURE: *Keith A Istre* 1/25/95 5049261000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR