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May 15 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 # F94000002565 (9)

1. Corporation Name

LAMAR ADVERTISING OF MOBILE, INC.



Principal Place of Business

Mailing Address

P.O. BOX 66338
BATON ROUGE LA 70896

P.O. BOX 66338
BATON ROUGE LA 70896-6338

3. Date Incorporated or Qualified

05/17/1994

3a. Date of Last Report

03/27/1996

4. FEI Number

63-0576601

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.
22 3353 HALLS MILLS RD.
23 City & State
MOBILE, AL

26 Suite, Apt. #, etc.
27 City & State

24 Zip
36606
25 Country
USA

28 Zip
30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME REILLY, KEVIN P JR
STREET ADDRESS 4740 NEWCOMB
CITY-ST-ZIP BATON ROUGE LA 70808

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 5651 CORPORATE BLVD.
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VTD
NAME ISTRE, KEITH A
STREET ADDRESS 1611 HIDEAWAY CT.
CITY-ST-ZIP BATON ROUGE LA 70806

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME MARCHAND, GERALD H
STREET ADDRESS 1633 STEELE BLVD.
CITY-ST-ZIP BATON ROUGE LA 70808

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 5551 CORPORATE BLVD
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE SD
NAME LAMAR, CHARLES W III
STREET ADDRESS 4550 HIGHLAND RD.
CITY-ST-ZIP BATON ROUGE LA 70808

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

[Signature]

4/29/97

504, 924-100

CR2E034 (9/96)