

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

05-19-1999 90026 004 \*1,200.00

**DOCUMENT # F96000000731**

1. Corporation Name

**LAMAR TEXAS GENERAL PARTNER, INC.**

Principal Place of Business

**5551 CORPORATE BLVD.  
BATON ROUGE LA 70808**

Mailing Address

**5551 CORPORATE BLVD.  
BATON ROUGE LA 70808**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/13/1996**

4. FEI Number

**72-1309003**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Country

24

25

9. Name and A

30

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

**C T CORPORATION S  
1200 SOUTH PINE ISL  
PLANTATION FL 33324**

*ICK  
8 DOCS*

11. Pursuant to the provisions of Section 607.0508, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REILLY, KEVIN P JR.	1.2 NAME	
STREET ADDRESS	5551 CORPORATE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA 70808	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISTRE, KEITH A	2.2 NAME	
STREET ADDRESS	5551 CORPORATE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA 70808	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAR, CHARLES W III	3.2 NAME	<i>SD James McIlwain</i>
STREET ADDRESS	5551 CORPORATE BLVD.	3.3 STREET ADDRESS	<i>5551 Corporate Blvd</i>
CITY-ST-ZIP	BATON ROUGE LA 70808	3.4 CITY-ST-ZIP	<i>Baton Rouge, La. 70808</i>
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHAND, GERALD H	4.2 NAME	
STREET ADDRESS	5551 CORPORATE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA 70808	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/99*

Date

*225-926-1000*

Daytime Phone #

CR2E034 (11/98)