

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

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

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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F96000000731**

1. Corporation Name  
**LAMAR TEXAS GENERAL PARTNER, INC.**

562419 - 90026 - 00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**5551 CORPORATE BLVD.  
 BATON ROUGE LA 70808**

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

3. Date Incorporated or Qualified  
**02/13/1996**

4. FEI Number  
**72-1309003**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

30 Country

9. Name and A

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

*ICK  
 8 DOCS*

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 Section 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 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. (NOTE: Registered Agent signature required when reinstating)

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	
STREET ADDRESS	5551 CORPORATE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA 70808	3.4 CITY-ST-ZIP	
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	

*SD James McIlwain  
 5551 Corporate Blvd  
 Baton Rouge, La. 70808*

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]* Date: **4/27/99** Daytime Phone #: **225-926-1000**

CR2E034 (1/98)