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**Apr 08 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 # F96000005809 (6)

1. Corporation Name
LANE ADVERTISING, INC.



Principal Place of Business: **PO BOX 151 ALTAVISTA VA 24517**
Mailing Address: **PO BOX 151 ALTAVISTA VA 24517-0151**

3. Date Incorporated or Qualified: **11/06/1996**
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt #, etc	26 Suite, Apt #, etc	54-0856174	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GALLAGHER, JOHN E
1855 GRIFFIN RD #A-272
DANIA FL 33004**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DC <input checked="" type="checkbox"/> DELETE	NAME: LOYND, RICHARD B	1.1 TITLE: V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Wilbert G. Holliman, Jr.
STREET ADDRESS: 101 S HANLEY RD	CITY-ST-ZIP: ST LOUIS MO 63105	1.2 NAME	1.3 STREET ADDRESS: 101 S. Hanley Road
TITLE: DC <input type="checkbox"/> DELETE	NAME: GROSS, MICHAEL S	1.4 CITY-ST-ZIP: St. Louis, MO 63105	2.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1301 AVE OF THE AMERICAS, 38TH FLR	CITY-ST-ZIP: NY NY 10019	2.2 NAME	2.3 STREET ADDRESS
TITLE: D <input type="checkbox"/> DELETE	NAME: HARRIS, JOSHUA J	2.4 CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1301 AVE OF THE AMERICAS, 38TH FLR	CITY-ST-ZIP: NY NY 10019	3.2 NAME	3.2 STREET ADDRESS
TITLE: DP <input type="checkbox"/> DELETE	NAME: MARTIN, WILLIAM R JR	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: E FRANKLIN AVE	CITY-ST-ZIP: ALTAVISTA VA 24517	4.1 TITLE	4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V <input type="checkbox"/> DELETE	NAME: TYLER, K SCOTT JR	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
STREET ADDRESS: E FRANKLIN AVE	CITY-ST-ZIP: ALTAVISTA VA 24517	4.4 CITY-ST-ZIP	5.1 TITLE: V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S <input type="checkbox"/> DELETE	NAME: LOWDER, WARREN G	5.2 NAME	5.3 STREET ADDRESS
STREET ADDRESS: E FRANKLIN AVE	CITY-ST-ZIP: ALTAVISTA VA 24517	5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: ALTAVISTA VA 24517		6.2 NAME	6.3 STREET ADDRESS
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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: *Walter P. Cohen* **3/31/97 (804)369-5641**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)