

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000003030 (0)

1. Corporation Name

TRI-STATE OUTDOOR MEDIA GROUP, INC.

Principal Place of Business

2608 SOUTH MAIN STREET
JOPLIN MO 64803

Mailing Address

2608 SOUTH MAIN STREET
JOPLIN MO 64803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1997

4. FEI Number

48-1061763

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 3416 HWY 41 SOUTH

Suite, Apt. #, etc.

2a. Mailing Address

26 PO BOX 1247

Suite, Apt. #, etc.

City & State

23 TIFTON, GA

Zip

24 31794

Country

25 TIFT

City & State

28 TIFTON GA

Zip

29 31793

Country

30 TIFT

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

850-222-9171

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 filed applicable

(NOTE - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PCD
HURST, SHELDON G
2608 SOUTH MAIN
JOPLIN MO

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STD
MCLENDON, WILLIAM
2608 SOUTH MAIN
JOPLIN MO

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
SUTTER, WILLIAM
2608 SOUTH MAIN
JOPLIN MO

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
LAMARCA, ANTHONY
2608 SOUTH MAIN
JOPLIN MO

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

3416 Hwy 41 South
Tifton, Ga. 31794

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

3416 Hwy 41 South
Tifton, Ga. 31794

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

3416 Hwy 41 South
Tifton, Ga. 31794

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

3416 Hwy 41 South
Tifton, Ga. 31794

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

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE Anthony S. Lamarca

(912)-382-2980

CR2E034 (10/97)