

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90086 001 ***150.00

DOCUMENT # F98000001341

1. Corporation Name
DELITE OUTDOOR USA, INC.

Principal Place of Business

PO BOX 6439
LAUREL MS 39441

Mailing Address

PO BOX 6439
LAUREL MS 39441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1998

4. FEI Number

64-0778758

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

2. Principal Place of Business

21 3435 WASHINGTON DRIVE

Suite, Apt. #, etc.

22 Suite 205

City & State

23 Eagan, MN

Zip

24 55122

Country

25 DAKOTA

2a. Mailing Address

26 3435 WASHINGTON DRIVE

Suite, Apt. #, etc.

27 Suite 205

City & State

28 Eagan, MN

Zip

29 55122

Country

30 DAKOTA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

TITLE PD ☒ DELETE

NAME BUSBY, LEONARD III
STREET ADDRESS 442 N. 6TH AVE
CITY-ST-ZIP LAUREL MS 39440

TITLE SD ☒ DELETE

NAME SEIDENBURG, J. DOUGLAS
STREET ADDRESS 519 CENTRAL AVE
CITY-ST-ZIP LAUREL MS 39440

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO ☐ Change ☒ Addition

1.2 NAME JEFF EURARD
1.3 STREET ADDRESS 3435 WASHINGTON DRIVE, Suite 205
1.4 CITY-ST-ZIP Eagan, MN 55122

2.1 TITLE CFO ☐ Change ☒ Addition

2.2 NAME LOUNY BROWER
2.3 STREET ADDRESS 3435 WASHINGTON DRIVE, Suite 205
2.4 CITY-ST-ZIP Eagan, MN 55122

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/23/99

Date

Daytime Phone #

CR2E034 (11/98)