

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

FILED

**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H54726 (5)

1. Corporation Name
SOUTHBANK ADVERTISING, INC.



Principal Place of Business C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 32207 US	Mailing Address C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 32207-8047 US
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3. Date Incorporated or Qualified 05/01/1985	3a. Date of Last Report 08/05/1996
4. FEI Number 59-2607918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 25.	29. 30.

9. Name and Address of Current Registered Agent

**GRANGER, HARVEY. GENERA
1301 RIVERPLACE BLVD.
SUITE 1700
JACKSONVILLE FL 32207**

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 _____ DATE _____
Signature type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC <input type="checkbox"/> DELETE
NAME	COOPER, EDGAR R.
STREET ADDRESS	7822 LINKSIDE DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	MASON, WILLIAM C.
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700
CITY-ST-ZIP	JACKSONVILLE
TITLE	V <input type="checkbox"/> DELETE
NAME	MULRAIN, JOANELLE
STREET ADDRESS	800 PRUDENTIAL DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	JACKSON, REBECCA B.
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HATCHER, WILLIAM K.
STREET ADDRESS	3344 LAKE SHORE BLVD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	THOMPSON, CAROL C.
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 *Rebecca B. Jackson* **Rebecca B. Jackson, Secretary** 4-23-97 904/202-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)

SOUTHBANK ADVERTISING, INC.

D	Rowe, Robert L., Jr.	9471 Baymeadows Rd.	Jacksonville, FL 32256
D	Whorton, Judson S.	5443 John Reynolds Dr.	Jacksonville, FL 32211