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

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90140 043 ***150.00

DOCUMENT #

1. Corporation Name

SOUTHBANK ADVERTISING, INC.							
Principal Place of Business Mailing Address						# 1085014 DIBS BISH DIBH 13610 HAUR BISH BISH BISH BISH BISH BISH BISH BISH	
C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD SUITE 1700			ITE 1700			DO NOT WRITE IN THIS SPACE	
US US						3. Date Incorporated or Qualifed	
						05/01/1985	
Principal Place of Business 2a. Mailing Addres						1 " 	plied For
21		26	Cuite Ant II ata			33 20013 10	ot Applicable Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ ''			E Contitonto of Statue Desired	equired
City & State		City & State					May Be
<u> </u>	e	28	City & State			1 ** 1 1	to Fees
7io	Zip Country Zip			ntry		8. This corporation owes the current year Intangible	
24	25	<u> </u>	10	Í		Personal Property Tax. X Yes	□No
	9. Name and Address of Curren					10. Name and Address of New Registered Agent	
				81	Name		
GRANGER, HARVEY. GENERA				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
1301 RIVERPLACE BLVD.				83			
SUITE 1700 JACKSONVILLE FL 32207				63		•	
JACKSONVILLE FE SZZUF				84	City	FL 85 Zip	Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was aut	horized	l hv th	named co ne corpora	orporation submits this statement for the purpose of changing its ation's board of directors. I hereby accept the appointment as re-	registered gistered
SIGNATURE	Signature, typed or printed name of registered ager				signature recu	uired when reinstating) DATE	
12.		ID DIRECTORS	13.	T tgo/!! -		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ORS IN 12
TITLE	DP	DELETE	1.1 TIT	le		☐ Change	Addition
NAME	MAHER, JOHN J			ME	Ì		
STREET ADDRESS	1004 DIVERDI LOS BILID OTT 1700			REETA	DORESS		
CITY-ST-ZIP	1			ry-s <u>r-</u> 2	ZIP		
TITLE			2.1 TIT	TLE		☐ Change	☐ Addition
NAME	GREENE; A H			ME			
STREET ADDRESS	TREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 1700 233			REETA	DORESS		
CITY-ST-ZIP				ΠΥ- S T-	ZIP		
TITLE	DELETE 3.1		3.1 TIT	ΠE		DV Change	★ Addition
NAME	32		3.2 NA	ME		Thompson, Carol C.	
STREET ADDRESS					DDRESS	1301 Riverplace Blvd., Suit	e 1700
CITY-ST-ZIP			_	TY-ST-	ZIP	Jacksonville, FL 32207	Addition
TITLE			4.1 TITLE		ļ	51.	LX/location
NAME			4. 2 N			Rebecca B. Jackson	a 1700
STREET ADDRESS					DORESS	1301 Riverplace Blvd., Suit	e 1/00
CITY-ST-ZIP	<u> </u>	☐ DÉLETE	5.1 TH	TY-\$7-7	ZIP	<u>Jacksonville, FL 32207</u> □Change	Addition
TITLE			5.1 M			- vienge	
NAME					DORESS		
STREET ADDRESS	1			TY-ST-	į		
CITY-ST-ZIP TITLE		DELETE	6.1 171			Change	☐ Addition
NAME			6.2 NA				
DEDECT ADDRESS	1				UDDRESS !		

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 chapter 607, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZiP

SIGNATURE:

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

4-23-99

904/202-4005