

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H76837

1. Corporation Name

LIPPHARDT ADVERTISING, INC.

Principal Place of Business

5401 W. KENNEDY
SUITE 1000
TAMPA FL 33609
US

Mailing Address

5401 W. KENNEDY
SUITE 1000
TAMPA FL 33609
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

LIPPHARDT, WILLIAM J.
5401 W. KENNEDY BLVD.
STE 500
TAMPA FL 33609

REINSTATEMENT

99

3. Date Incorporated or Qualified

09/19/1985

4. FEI Number

59-2581288

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.

☐

Yes No

10. Name and Address of New Registered Agent

81 Name

Lipphardt, William J.

82 Street Address (P.O. Box Number is Not Acceptable)

5401 W. Kennedy Blvd

83

Suite 1000

84 City

Tampa, FL

FL

85 Zip Code

33609

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/8/99

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

D
ALEXANDER, JOHN DAVID
402 N SCENIC HWY
FROSTPROOF FL

TITLE ☐ DELETE

DP
LIPPHARDT, WILLIAM J.
3019 CUNARD DR
VALRICO FL

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

900003070209--7

1.3 STREET ADDRESS

-12/14/99--01106--011

1.4 CITY-ST-ZIP

****550.00 ****550.00

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

900003070209--7

2.3 STREET ADDRESS

-12/14/99--01106--012

2.4 CITY-ST-ZIP

****200.00 ****200.00

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

KE

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Lipphardt 10/8/99 (813) 287-2400

Date

Daytime Phone #

CR2E034 (5/99)