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

FILED Apr 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J56420 (9)GENESIS OUTDOOR ADVERTISING, INC. Principal Place of Business Mailing Address 4000 U.S. 15 4803-U.S.-19-HOLIDAY FL 84801 HOLIDAY FL 34691 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/03/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2535 SUCCESS DR 26 2535 Success DR 59-2797685 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 ODE SSA ODESSA FL. Trust Fund Contribution Added to Fees 30 PASCO Country 25 PASCO 8. This corporation owes or has paid the current year Intergible Yes Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BAKER, RICHARD W. ICHARD 1900-UG-19 ess (P.O. Box Number is Not Ad SUCCESS 82 HOLIDAY FL 34691 83 85 Zip Code 33556 ODESS4 64 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. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE SCHERER SCHERER, OHRIX-NAME 1.2 NAME SUCCESS DR 4803-US-19 STREET ADDRESS 1.3 STREET ADDRESS HOLIDAY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE /S/T BAKER, RICHARD W. 2.2 NAME RICHARD 1803 US 19-STREET ADDRESS 2.3 STREET ADDRESS HOLIDAY FL CITY-ST-ZIP 2 4 City-St-ZiP TITLE DELETE 3.1 TITLE Change Addition NAME 3 2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-\$1-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 THUE

14. Thereby 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.

6.2 NAME 6.3 STREET ADDRESS

CIGNATURE.

NAME

STREET ADDRESS