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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

J98375

(5)

Mailing Address

WESTSIDE OUTDOOR, INC.

FILED Apr 02 1998 8:00am Secretary of State

- I 1904IIIO DIAR IRIDI IDIDI	N 1981) TORRAL MAIN DENIL DEGLI RIBLI BIOLE WANTE DANS FOR

3/30/98

% CHARLES 434 MAGNO PANAMA CIT		% CHARLES S. ISLER. III 434 MAGNOLIA AVE. PANAMA CITY FL 32401		DO NOT WRITE IN THE	S SPACE	
	, , , , , , , , , , , , , , , , , , , ,			3. Date Incorporated or Qualified 10/22/1987		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2855583	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		F=-1	\$8.75 Additional	
22 27				5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Z _i p	Country	8. This corporation owes or has paid the c		
24	25		0	Personal Property Tax due June 30.	Yes No	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name						
	LER, CHARLES S., NI		Name			
434 MAGNOLIA AVE.			82 Street Address (P.O. Box Number is Not Acceptable)			
PA	PANAMA CITY FL 32401				····	
			83			
			84 City	F	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above-named co	progration submits this statement for the purpose	of changing its registered	
11. Pursuant to the provisions of Sactions 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 ager	nt and title if applicable. (NOTE: I	Registered Agent signature req	quired when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition	
NAME	EASLEY, JON T.		1.2 NAME			
STREET ADDRESS	1318 N.BAY DR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	LYNN HAVEN FL		1.4 CITY-ST-ZIP			
TITLE	18	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	EASLEY, JON T. (ASST)		2.2 NAME			
STREET ADDRESS	1318 N.BAY DR.		2.3 STREET ADDRESS			
CITY-ST-ZIP	LYNN HAVEN FL		2.4 CITY-ST-ZIP			
TITLE	\$VT	☐ DELETE	3.1 TITLE		Change Addition	
NAME	EASLEY, ROBERTA A.		3.2 NAME			
STREET ADDRESS	1318 N.BAY DR.		3.3 STREET ADDRESS			
CITY-ST-ZIP	LYNN HAVEN FL		3.4. CITY - ST - ZIP			
TITLE	D	DELETE	4.1 TITLE		Change Addition	
NAME	EASLEY, ROBERTA A.		4. 2 NAME			
STREET ADDRESS	1318 N.BAY DR.		4.3 STREET ADORESS			
CITY-ST-ZIP	LYNN HAVEN FL		4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		- —	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME		-	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I hereby o	certify that the information supplied wil	h this filing does not qualify for	the exemption stated i	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 13 if changed, or on an attachment an address						