FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -7 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29670 (9)

1. Corporation Name
TRI-STATE GMC TRUCK ADVERTISING ASSOCIATION, INC

Principal Place of Business	Mailing Address
4909 US 90 EAST INTERSECTION OF HIGHWAY 90 AND HWY 71 SO. MARIANNA FL 32446 US	POST OFFICE BOX 958 INTERSECTION OF HIGHWAY 90 AND HWY 71 SO. MARIANNA FL 32447 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1988
3a. Date of Last Report: 06/29/1994
4. FEI Number: 59-2920978 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOPKINS, W.H. CORNER OF HIGHWAY 90 AND HIGHWAY 71 SOUTH MARIANNA FL	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	BUNTIN, PAUL	1.2 NAME	Olin Thompson	
STREET ADDRESS	714 BUNKERS COVE RD	1.3 STREET ADDRESS	232 N. Main Street	
CITY-ST-ZIP	DOTHAN AL	1.4 CITY-ST-ZIP	Blakely GA. 31723	
TITLE	DVP	2.1 TITLE		☐ Change ☐ Addition
NAME	LLOYD, R.L.	2.2 NAME		
STREET ADDRESS	100 E. 23RD STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP		
TITLE	DSC	3.1 TITLE		☐ Change ☐ Addition
NAME	HOPKINS, W.H.	3.2 NAME		
STREET ADDRESS	4368 RIVER FOREST RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Olin Thompson Olin Thompson April 4, 1995 (912) 723-3731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #