

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 12:06

DOCUMENT # P34034 (9)

1. Corporation Name

NAEGELE OUTDOOR ADVERTISING COMPANY OF JACKSONVILLE

Principal Place of Business

1700 WEST 78TH STREET
RICHFIELD MN 55423

Mailing Address

1700 WEST 78TH STREET
RICHFIELD MN 55423

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1991

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 1120 Crestwood Street

2a. Mailing Address

26 1700 West 78th Street

4. FEI Number

77-0278154

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Jacksonville, Florida

City & State

28 Minneapolis, Minnesota

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip 32208

25 County

29 55423-3899

30 County

8. This corporation has liability for intangible tax under § 199 (332),
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and the 4 applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	EVARD, JEFF
STREET ADDRESS	1700 W 78TH ST
CITY - ST - ZIP	MINNEAPOLIS MN
TITLE	CEO
NAME	MCLENDON, WILLIAM
STREET ADDRESS	1700 W 78TH ST
CITY - ST - ZIP	MINNEAPOLIS MN
TITLE	D
NAME	DELVESCO, ARTHUR
STREET ADDRESS	321 N CLARK ST., #3010
CITY - ST - ZIP	CHICAGO IL
TITLE	D
NAME	DAVERMAN, JAMES
STREET ADDRESS	CORPORATE 500 CENTRE, #450
CITY - ST - ZIP	DEERFIELD IL
TITLE	D
NAME	RICHMAND, BRIAN
STREET ADDRESS	270 PARK AVE, 5TH FLOOR
CITY - ST - ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	Minneapolis, MN 55423
21 TITLE	☒ Change ☐ Addition
22 NAME	S/T
23 STREET ADDRESS	Lonny J. Binder
24 CITY - ST - ZIP	1700 West 78th Street Minneapolis, MN 55423
31 TITLE	☒ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	676 N. Michigan Avenue
34 CITY - ST - ZIP	Chicago, IL 60611
41 TITLE	☒ Change ☐ Addition
42 NAME	Jim Simons
43 STREET ADDRESS	520 Lake Cook Road
44 CITY - ST - ZIP	Deerfield, IL 60015
51 TITLE	☒ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	New York, NY 10017
61 TITLE	☐ Change ☒ Addition
62 NAME	D
63 STREET ADDRESS	Robert Cook
64 CITY - ST - ZIP	111 E. Wisconsin Avenue Milwaukee, WI 53202

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 110.07(3)(k), 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:

Lonny J. Binder

(Lonny J. Binder) May 10, 1995 (612)860-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number