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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000031932 (5)

1. Corporation Name

CENTRAL OUTDOOR, INC.

Principal Place of Business

1500 S. HWY 27
CLERMONT FL 34711

Mailing Address

1500 S. HWY 27
CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/29/1993

3a. Date of Last Report
02/15/1994

4. FEI Number
52-3180812

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 has liability for intangible tax under S. 109.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

2a. Mailing Address

25. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

**GENAITIS, RICHARD J
1500 S. HWY 27
CLERMONT FL 34711**

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 607.1506, 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 title if applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **RICHARD J. GENAITIS**
STREET ADDRESS **1500 SOUTH HWY 27**
CITY ST ZIP **CLERMONT FL 34711**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **President/Treasurer/Director** ☐ Change ☒ Addition
12 NAME **Richard J. Genaitis**
13 STREET ADDRESS **1500 South Hwy. 27**
14 CITY ST ZIP **Clermont, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE **Vice-President/Director** ☐ Change ☒ Addition
22 NAME **Jay T. Shulman**
23 STREET ADDRESS **One Old Country Road**
24 CITY ST ZIP **Carle Place, NY 11514**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE **Secretary/Director** ☐ Change ☒ Addition
32 NAME **David G. LeFrancois**
33 STREET ADDRESS **20 East Broadway**
34 CITY ST ZIP **Berry, NH 03038**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-95