

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000060855 (2)

1. Corporation Name

PAXSON OUTDOOR, INC.

Principal Place of Business

18401 US 19 NORTH
CLEARWATER FL 34624

Mailing Address

18401 US 19 NORTH
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/31/1993

3a. Date of Last Report

01/25/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3202387

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. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAXSON, LOWELL W
700 SPOTTIS WOOD LANE
CLEARWATER FL 34616

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PAXSON, LOWELL W
STREET ADDRESS 700 SPOTTIS WOOD LANE
CITY-ST-ZIP CLEARWATER FL 34616

1.1 TITLE Chairman & CEO ☐ Change ☒ Addition

TITLE President
NAME James Bocock
STREET ADDRESS 18401 U.S. Highway 19 North
CITY-ST-ZIP Clearwater, Florida 34624

2.1 TITLE ☐ Change ☒ Addition

TITLE Treasurer
NAME Arthur Tek
STREET ADDRESS 18401 U.S. Highway 19 North
CITY-ST-ZIP Clearwater, Florida 34624

3.1 TITLE ☐ Change ☒ Addition

TITLE Secretary
NAME William L. Watson
STREET ADDRESS 18401 U.S. Highway North
CITY-ST-ZIP Clearwater, Florida 34624

4.1 TITLE ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 118.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

William L. Watson

SECRETARY

3-8-95

(813) 536-2211

Date

Day/Year/Phone #