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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 23 1997 8:00am

Secretary of State

Daytime Phone #

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000080019 (1)

ABACUS BILLBOARDS, INC.

Principal Place of Business  696 FIRST AVENUE NORTH SUITE 201		•	Maining Address 696 FIRST AVENUE NORTH SHITE 201			s immeratur ein enema tiett mater amer muter muter muter mater anter einer eiter fall filet.		
		696 FIRST AV						
ST PETERSBURG	FL 33701	ST PETERSBU	IRG FL 3370	71-3649				
						3. Date Incorporated or Qualified 11/19/1993	3a. Date of Last 02/26/1996	
2. Principal Place of Business		2a. Mailing A	2a. Mailing Address			4. FEI Number		Applied For
n		26			<b>59-3211031</b> Not Applic		Not Applicabl	
Suite, Apt #, etc  12  City & State  13		Su le, Apt	Su le, Apt. #, etc. 27 City & State 28			5. Certificate of Status Desired		Additional Required
		ļ			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 4	Country	7ip		Count	Ŷ	8. This corporation has liability for i		
··	9. Name and Address of Cu		nt	1301		10, Name and Address of New Re		
WILKIN	NSON, G. BARRY			8	Name			
696 FIRST AVENUE NORTH SUITE 201 ST PETERSBURG FL 33701				8:	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
				8	3	***************************************		<del></del>
				84	City		as 2i	p Code
					1 1	rporation submits this statement for the p		
agent Famil SIGNATURE:	familiar with, and accept the o	bligations of, Section 6	07.0505, F	orida Statuti	es.	ation's board of directors. I hereby acceptions	DATE	
12.	OFFICERS	AND DIRECTORS		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
-	DPT		DELETE.	1.1 TITLE			☐ Change	Additio
	WILKINSON, G. BARRY			1.2 NAME	:			
	896 FIRST AVE NORTH, SU	UITE 201		1.3 STREE	T ADDRESS			
	ST PETERSBURG FL		r	1.4 City	ST-ZIP			
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	Cushman, Thomas R 896 First Ave North, Sl	INTE 201		2.2 NAME				
	ST PETERSBURG FL	one zor			T ADDRESS			
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				6.2 NAME				
NAME								
NAME Street Address City - St - Zip				6.3 STREE	T ADDRESS			