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

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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P9400005720 (5)

LAGS BILLBOARDS, INC.

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Zip

CITY-ST-ZIP

Principal Place of Business Mailing Address 4411 CLEVELAND AVE 4411 CLEVELAND AVE FT MYERS FL 33901 FT MYERS FL 33901 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/14/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 26 65-0464913 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 City & State City & State 6, Election Campaign Financing

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9. Name and Address of Current Registered Agent GARGANO, ANTHONY J 1520 ROYAL PALM SQUARE BLVD FT MYERS FL 33919

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		Trust Fund Contribution	اليا	Ad	ded to Fees			
Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No						
		10. Name and Address of New	Registered	Agent				
8	1 Name				 1			
8	2 Street Add	Street Address (P.O. Box Number is Not Acceptable)						
8	3	***************************************						
8	4 City			85	Zip Code	\dashv		

FILED

May 15 1998 8:00am

Secretary of State

Applied For

Fee Required

\$5.00 May Be

Not Applicable

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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

		co. cobe, i ion	aa chinotoo.			
SIGNATURE	Signature Typed or posted name of respiritions are claimly be disorted					
				e required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	OP .	DELETE	11 TITLE	D	☐ Change	Addition
NAME	LAGESCHULTE, DAVID L	1.	1.2 NAME	Paul Lunch		•
STREET ADDRESS	441 CLEVELAND, FL		1.3 STREET ADDRESS	LIVI Cleveland Are		
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY - ST - 7IP	Paul Lynch 4411 Cleveland Are Fort Myers, FL	33901	
TITLE	Pauliumh	DELETE	2.1 TITLE	1011111	☐ Change	Addition
NAME	igui cari		2.2 NAME			
STREET ADDRESS	Paul Lynch 4411 Creveland Ave Ptympers, FC 33901		2.3 STREET ADDRESS			
CITY-ST-ZIP	Etmuers, FC 33901		2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME	,		
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CHTY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5 1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			

64 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 processor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with any address.