

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000059386 (0)**

1. Corporation Name

**OVER-THE-ROAD ADVERTISING, INC.**



Principal Place of Business

Mailing Address

**14155 US HIGHWAY ONE  
SUITE 304  
JUNO BEACH FL 33408  
US**

**14155 US HIGHWAY ONE  
SUITE 304  
JUNO BEACH FL 33408  
US**

3. Date Incorporated or Qualified  
**08/05/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**65-0520393**

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

**THOMAS, THOMAS J  
14155 US HWY ONE  
SUITE 304  
JUNO BEACH FL 33408**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **ABBE, JOHN**  
STREET ADDRESS **63014 BARTERS ISLAND**  
CITY-ST-ZIP **BOOTHBAY ME**

1.1 TITLE **DPT** ☒ Change ☐ Addition  
1.2 NAME **SCHOEPF, ROBERT H**  
1.3 STREET ADDRESS **15660 L L ST. TERRACE NORTH**  
1.4 CITY-ST-ZIP **JUPITER, FL. 33478**

TITLE **DPT** ☐ DELETE  
NAME **SCHOEPF, ROBERT H**  
STREET ADDRESS **3003 S CONGRESS AVENUE SUITE 2F**  
CITY-ST-ZIP **PALM SPRINGS FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DVS** ☐ DELETE  
NAME **THOMAS, THOMAS J.**  
STREET ADDRESS **14155 US HWY ONE SUITE 304**  
CITY-ST-ZIP **JUNO BEACH FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE  
NAME **MAXWELL, WILLIAM R.**  
STREET ADDRESS **4543 STOW ROAD**  
CITY-ST-ZIP **STOW OH**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE  
NAME **DRIZIN, JEROME**  
STREET ADDRESS **1940 W BAY DRIVE SUITE 4**  
CITY-ST-ZIP **LARGO FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **ALLEN, CLIFFORD C.**  
STREET ADDRESS **3211 SW 42ND STREET**  
CITY-ST-ZIP **OCALA FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 119.07(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:

*Robert H. Schoepf*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

**ROBERT H. Schoepf** *Res.* **5/01/96** **407-744-0147**  
Date Daytime Phone #

CR2E034 (12/95)