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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90124 023 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000059386

1. Corporation Name

OVER-THE-ROAD ADVERTISING, INC.

Principal Place of Business

14155 US HIGHWAY ONEE
SUITE 304
JUNO BEACH FL 33408
US

Mailing Address

14155 US HIGHWAY ONE
SUITE 304
JUNO BEACH FL 33408
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 607.1508, 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

☐ DELETE

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

TITLE **DPT**
NAME **SCHOEPF, ROBERT H**
STREET ADDRESS **15660-121ST TERRACE N**
CITY-ST-ZIP **JUPITER FL**

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

86 TOWNSEND AVENUE
BOOTHBAY HARBOR ME

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

2677 NW 10TH STREET SUITE 1A
OCALA FL

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

801 W BAY DRIVE SUITE 428

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)