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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 11 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400088664 (5)

**AUSTIN OUTDOOR, INCORPORATED** 

Principal Place of Business Mailing Address				- LIBBINDO PAD TOUR BOOK ON THE BOOK ON THE	#101 101fg 01f10 01f13 0101 1001
17 EVANSVILLE LANE		17 EVANSVILLE LANE			
PALM COAST FL 32137		PALM COAST FL 32137			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				12/07/1994	
	ace of Business	28. Mailing Address		4. FEI Number	Applied For
21		26		59-3286261	Not Applicable
Sulte, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State		City & State		Figure Committee Figure 1	
23				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28   Zip	Country	8. This corporation owes or has paid the o	
24	25	29 34	-n ´	Personal Property Tax due June 30.	Yes No
	Name and Address of Currer			10. Name and Address of New Registere	d Agent
GUNTHARP, PAUL M JR. 81 Name Column				intharp, Paul M. Ji	r. 55a
4 OLD KINGS RD. NORTH				rees (P.O. Box Number is Not Acceptable)	
SUITE 8			82 Street Add	CLOPESS POINT PK	WY Switch
	M COAST FL 32137		83		
			84 City (		RE Zin Codo
			84 Pala	n Coast F	L 85 232137
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with any accept the objection 607.0505, Florida Statutes.					
SIGNATURE	1776				
	Signature, typica or pented name of registered up	pent and till if applicable (NOTE F	Registered Agent signature requ		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D SOULTE FOUNDE S ID	☐ DELET <b>E</b>	1 1 TITLE		☐ Change ☐ Addition
NAME	SCHATZ, EDWARD E JR.		12 NAME		
STREET ADDRESS	17 EVANSVILLE LANE		13 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137	DELETE	14 CITY-SI-ZIP		Change Addition
TITLE		LJ OELETE	2 1 TITLE		CT Cuttinge CT Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STHEET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CHY-ST-ZIP 3.1 TITLE		Change Addition
TITLE			3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CITY-ST-ZIP		
CITY-ST-ZIP		□ DELETE	4.1 TITLE		Change Addition
NAME		_ with	4. 2 NAME		
i .			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELFTE	5.1 TITLE		Change Addition
NAME		+-4-	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City · S1 - ZiP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
Since Mobiless					

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 suppliemental 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 chapter 607, or origin altachment with an address.

ident Ed Schotz T.