

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Feb 27 1996 8:00 am  
Secretary of State

DOCUMENT # **P95000005140 (5)**

1. Corporate Name  
**DAILY BILLBOARD, INC.**



Principal Place of Business: **6821 SOUTHPOINT DRIVE NORTH JACKSONVILLE FL 32216**  
Mailing Address: **6821 SOUTHPOINT DRIVE NORTH JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified <b>01/18/1995</b>	3a. Date of Last Report
4. FEI Number <b>59-3289257</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>4237 Salisbury Rd.</b> Subst. Apt. #, etc. <b>309</b> City & State <b>Jacksonville, FL</b> Zip <b>32216</b>	2a. Mailing Address 26 <b>4237 Salisbury Rd.</b> Subst. Apt. #, etc. <b>Suite 309</b> City & State <b>Jacksonville, FL</b> Zip <b>32216</b>	29 <b>32216</b>	30 <b>America</b>
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9. Name and Address of Current Registered Agent <b>SMITH, TOMMY E 3605 DONNA STREET PORT ORANGE FL 32119</b>	10. Name and Address of New Registered Agent 81 Name <b>TOMMY Smith</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>9009 Western Lake Dr. # 1305</b> 83 City <b>Jacksonville</b> FL 85 Zip Code <b>32256</b>
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11. Pursuant to the provisions of Sections 607.0507 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of Member or Officer or Director or Agent or Representative of Corporation Registered Agent Signature (if registered in another state)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, TOMMY E	12. NAME	<b>DP Tommy E. Smith</b>
STREET ADDRESS	3605 DONNA STREET	13. STREET ADDRESS	<b>9009 Western Lake Dr. Apt. 1305</b>
CITY-STATE-ZIP	PORT ORANGE FL 32119	14. CITY-STATE-ZIP	<b>Jax. Florida 32256</b>
TITLE	DST <input checked="" type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, RUTH E	22. NAME	
STREET ADDRESS	3605 DONNA STREET	23. STREET ADDRESS	
CITY-STATE-ZIP	PORT ORANGE FL 32119	24. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32. NAME	<b>DVPS Jane D. Freedman</b>
STREET ADDRESS		33. STREET ADDRESS	<b>8006 Oak Hammock Ct.</b>
CITY-STATE-ZIP		34. CITY-STATE-ZIP	<b>Jacksonville, Fla. 32256</b>
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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: *Tommy E. Smith* President 2/21/96 (904) 281-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)