

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

FILED
Jul 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000019613 (5)

1. Corporation Name
BBS OUTDOOR ADVERTISING, INC.

Principal Place of Business

9165 ROE STREET
PENSACOLA FL 32514

Mailing Address

9165 ROE STREET
PENSACOLA FL 32514-7032



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 2172 W. NINE MILE RD.		03/08/1995	10/28/1996
22 City & State		27 #347		4. FEI Number	Applied For
23 Zip		28 PENSACOLA, FL		59-3310637	Not Applicable
24 Country		29 32524		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HOBBS, JAMES B
9165 ROE STREET
PENSACOLA FL 32514

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.

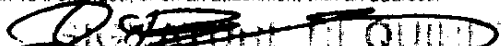
(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	HARPOLE, JAMES Y	1.2 NAME	HOBBS, JAMES B.
STREET ADDRESS	2713 WOODBREEZE DRIVE	1.3 STREET ADDRESS	5041 YESTEROAKS CIRCLE
CITY-ST-ZIP	CANTONMENT FL 32533	1.4 CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	VP	2.1 TITLE	VP
NAME	HOBBS S, JAMES B	2.2 NAME	HARPOLE, JAMES Y.
STREET ADDRESS	5041 YESTEROAKS CIRCLE	2.3 STREET ADDRESS	2713 WOODBREEZE DRIVE
CITY-ST-ZIP	PENSACOLA FL 32504	2.4 CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE



7/2/97

(904)435-7446

CR2E034 (9/96)