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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90065 007 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000090658

1. Corporation Name

ST. JOHNS OUTDOOR ADVERTISING, INC.

	• 14				.•						
Principal Pla	ce of Business	M	lailing Address						YANI MBANI MBAN		
1093 A1A BEACH BLVD. STE 190 1093 A1A BEACH BLVD. STE ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084					: 190			DO NOT WR	ITE IN THIS	S SPACE.	٠
								 Date incorporated or Qualifed 11/29/1995 			
2. Principal	Place of Business	2a	. Mailing Address					4. FEI Number		Ap	plied For
21		26	•					59-3354016		No	t Applicable
Suite, Apr	t. #, etc.	27	Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A	
City & Sta	ate ·	12,1	City & State				 -	6. Election Campaign Financing		\$5.00	Nav Da
23		28	,					Trust Fund Contribution		Added to	
Zip	Country	20	Zip	Cou	ntry			8. This corporation owes the cur	rent vear in		•
24	25	29	. 3	_	•		ļ	Personal Property Tax.	on your ni		□No
	9. Name and Address of Curre			1			1	0. Name and Address of New	Registered	Agent .	
	• ;		-		81	Name					
, HAI	rry, robert p Jr.	•		ļ							
1093 A1A BEACH BLVD. STE 190					82	Street A	ddress	(P.O. Box Number is Not Accept	able)		
ST.	AUGUSTINE FL 32084			ŀ	83	··					1 - 1 - 1
								The state of the s	<u> </u>		
			*4	ĺ	84	City		• •		85 Zip C	Code
office or	t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Flori	da. Such change was auth	norized	by !	the corpor	orporat ration's	tion submits this statement for the board of directors. I hereby acce	purpose of pt the appoi	- { changing its intment as req	registered gistered
SIGNATURE			· ·								
	Signature, typed or printed name of registered age			_	Agent	t signature req	pired whe	en reinstating)	DATE		
12.	OFFICERS AI	ND DIRE		13.				ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PSD		☐ DELETE .	1.1 TIT						☐ Change	☐ Addition
NAME	HARRY, ROBERT P JR.			1.2 NA				•			
STREET ADDRESS		190	•	1.3 STI	REET	ADDRESS					
CITY-ST-ZIP	ST. AUGUSTINE FL 32084			1.4 CIT	Y-ST	-ZIP					
TITLE		•	□ DELETE	2.1 TIT	LE					Change	☐ Addition
NAME			•	2.2 NA	ME	İ					
STREET ADDRESS	s		•	2.3 STF	REET	ADDRESS		,			
CITY-ST-ZIP				2. 4 CI	TY-\$1	T-ZIP					
TITLE			☐ DELETE	3.1 TITI	LE					☐ Change	Addition
NAME		1"		3.2 NA	ME						
STREET ADDRESS	sĺ			3.3 ST	REET	ADDRESS	•				1
CITY-ST-ZIP	1			3.4. CIT	TY-\$1	r-ZIP			,	•	
TITLE			☐ DELETE	4.1 111						Change	Addition
NAME				4. 2 NA	ME			•			
STREET ADDRESS						ADDRESS					•
CITY-ST-ZIP	1.00			4.4 CIT							

CITY-ST-ZIP 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.

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-\$T-ZIP

□ DELETÉ

DELETÉ

Change

Change

Addition

Addition