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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000015362 (1)

ELECTRONIC BILLBOARD, INC.

3815 NORTHGREEN AVE., #3402 3815 NORTHGREEN AVE., #3402 **TAMPA FL 33624** TAMPA FL 33624 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/18/1997 4. FEI Number Applied For 2, Principal Place of Business 2a. Mailing Address 59-3429787 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STULL, R. JEFFREY ESQ. 602 SOUTH BLVD. Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33606 83 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 chango 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OF HICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE PRESIDE MT TITLE EADDALL RISHELDON 1.2 NAME NAME SHELDON, RANDALL R 2015 NOTHEREEN AUE # 8402 3815 NORTHGREEN AVE., #3402 1.3 STREET ADDRESS STREET ADDRESS TAMPA, FL. 33604 TAMPA FL 33624 1.4 CITY-ST-ZIP CITY-ST-ZIP TREASURER / SECRETARY LYChange Addition DELETE 2.1 TITLE TITLE KIM C. SHELDON SHELDON, KIM C NAME 2.2 NAME 3615 NORTHGREEN AUG H3402 3815 NORTHGREEN AVE., #3402 STREET ADDRESS 2.3 STREET ADDRESS TAMPA, PL. 3362Y VICE PRESIDENT TAMPA FL 33624 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE terry her watson 14029 Noterville way NAME watson, terry lee 3.2 NAME 14029 NOTREVILLE WAY 3.3 STREET ADDRESS STREET ADDRESS TAMPA, FL. 33624 TAMPA FL 33624 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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.

151.100

FILED Apr 15 1998 8:00am Secretary of State



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