

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90066 013 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000075094**

1. Corporation Name  
**LAMAR ASSETS, INC.**

Principal Place of Business

**490 ROCKLEY BLVD**  
**VENICE FL 34293**

Mailing Address

**490 ROCKLEY BLVD**  
**VENICE FL 34293**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/29/1997**

4. FEI Number  
**65-0790783**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

6. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00 May Be**  
**Added to Fees**

8. This corporation owes the current year Intangible  
 Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21**  
 Suite, Apt. #, etc.

**22**  
 City & State

**23**  
 Zip Country

**24**  
**25**

2a. Mailing Address

**26**  
 Suite, Apt. #, etc.

**27**  
 City & State

**28**  
 Zip Country

**29**  
**30**

9. Name and Address of Current Registered Agent

**BROWN, THOMAS**  
**1800 2ND ST, STE 903**  
**SARASOTA FL 34236**

10. Name and Address of New Registered Agent

**81 Name** **CHARLES MAYNARD**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**3939 CHEVAL BLVD**  
**83**  
**84 City** **Lutz** **FL** **85 Zip Code** **33549**

11. Pursuant to the provisions of Sections 607.0504 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, and 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, THOMAS	
STREET ADDRESS	1800 2ND ST, STE 903	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	CHARLES MAYNARD	
STREET ADDRESS	3939 CHEVAL BLVD	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES MAYNARD

Date

Daytime Phone #

813 948-4000

CR2E034-11/1/981