2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 28, 2000 8:00 am DOCUMENT # **P98000022157 Secretary of State** SEAY OUTDOOR ADVERTISING, INC. 01-28-2000 90163 018 ***150.00 Principal Place of Business Mailing Address POST OFFICE BOX 6307 POST OFFICE BOX 6307 MARIANNA FL 32447-6307 MARIANNA FL 32447 ~~~~~~~~ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State -City & State: ----4. FEI Number. 59-3563341 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARKINS, JAMES E JR. Street Address (P.O. Box Number is Not Acceptable) 4413 MARION STREET MARIANNA FL 32448 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Detete TITLE TITLE HARKINS, JAMES E JR. NAME NAME STREET ADDRESS 3124 FORUTH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32446 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 report or supplemental 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 regelive or trustee empowered to execute this report as received by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00 850

820-256-3301

Daytime Phone #