


**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90030 042 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # S11183**

1. Corporation Name

**BILLBOARD LEASING CONSULTANTS, INC.**

Principal Place of Business

P.O. BOX 07478  
FORT MYERS FL 33919

Mailing Address

P.O. BOX 07478  
FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1990

4. FEI Number

59-3088843

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 Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

9. Name and Address of Current Registered Agent

O'REILLY, LAWRENCE P.  
832 W TOWN RIVER  
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name *Lawrence P. O'Reilly, Sr.*

82 Street Address (P.O. Box Number is Not Acceptable)

1620 Medical Ln.

83 Suite 148

84 City *Ft. Myers*

FL

85 Zip Code *33907*

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 607.0506, Florida Statutes.

SIGNATURE

*Eileen M. O'Reilly* *Eileen M. O'Reilly* 4-7-99

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 ☒ DELETENAME **O'REILLY, SHAWN, P**  
STREET ADDRESS **832 N TOWN RIVER**  
CITY-ST-ZIP **FORT MYERS FL**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ AdditionNAME *P O'Reilly, Eileen M.*  
STREET ADDRESS *1620 Medical Ln. #148*  
CITY-ST-ZIP *Ft. Myers, FL 33907*2.1 TITLE ☐ Change ☒ AdditionNAME *O'Reilly, Lawrence P. Sr.*  
STREET ADDRESS *1620 Medical Ln. #148*  
CITY-ST-ZIP *Ft. Myers, FL 33907*3.1 TITLE ☐ Change ☒ AdditionNAME *O'Reilly, Lawrence P. Jr.*  
STREET ADDRESS *1620 Medical Ln. #148*  
CITY-ST-ZIP *Ft. Myers, FL 33907*4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Eileen M. O'Reilly* *Eileen M. O'Reilly*

Date

Daytime Phone #

CR2E034 (11/98)