

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L26927 (8)
 1. Corporation Name
BOARDWORKS OUTDOOR ADVERTISING COMPANY, INC.



Principal Place of Business: ~~18445 LAKEVIEW DR DADE CITY FL 33525 US~~
 Mailing Address: 14502 N DALE MABREY SUITE 302 TAMPA FL 33618-2072 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 14502 N. Dale Mabry
 Suite, Apt. #, etc.
 22 Suite #302
 City & State
 23 Tampa FL
 Zip
 24 33618-2072
 Country
 25 USA

3. Date Incorporated or Qualified
 10/31/1989
 4. FEI Number
 59-3060100
 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 ROBERTS, LAWRENCE A. JR
 14502 N DALE MABRY
 STE 302
 TAMPA FL 33618

10. Name and Address of New Registered Agent
 81 Name BLAIN SANFORD
 82 Street Address (P.O. Box Number is Not Acceptable) 14502 N. Dale Mabry,
 83 Suite 302
 84 City Tampa FL
 85 Zip Code 33618-2072

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 I accept the obligations of, Section 607.0505, Florida Statutes.
 SIGNATURE *Blain Sanford* BLAIN SANFORD 4.5.98
Signature based on printed name and address of agent if applicable (NOTE: Registered Agent signature required when installing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ESTES, WARREN	
STREET ADDRESS	PO BOX 67 N/A	
CITY-ST-ZIP	SAN ANTONIO FL	
TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	ROBERTS, LAWRENCE A. JR.	
STREET ADDRESS	18445 LAKEVIEW DR	
CITY-ST-ZIP	DADE CITY FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	27 ROANOLE AVE.
2.4 CITY-ST-ZIP	ATLANTA GA 30305
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 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 in an attachment with an address.

SIGNATURE *Lance Roberts* 11.25.98 401 733 70311

CR2E034 (10/97)