

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90004 018 ***550.00

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 627651

1. Corporation Name

ACC ASSOCIATES, INC.

Principal Place of Business

1010 N 12TH AVENUE
SUITE 201
PENSACOLA FL 32501
US

Mailing Address

1010 N 12TH AVENUE
SUITE 201
PENSACOLA FL 32501
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1979

4. FEI Number

59-1916600

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. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

RITZ, STEPHEN F
1010 N. 12TH AVENUE, SUITE 201
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code
32501

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 **Stephen F. Ritz**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/18/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **RITZ, STEPHEN F**
STREET ADDRESS **1010 N 12TH AVENUE, SUITE 201**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ DELETE

NAME **RITZ, LOUISE B**
STREET ADDRESS **1010 N 12TH AVENUE, SUITE 201**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **V** ☐ DELETE

NAME **RITZ, PAUL D**
STREET ADDRESS **1010 N 12TH AVENUE, SUITE 201**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **S** ☐ DELETE

NAME **BARRETT, MARGARET P**
STREET ADDRESS **9458 BAYVIEW DR**
CITY-ST-ZIP **LILLIAN AL 36549**

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 ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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.

SIGNATURE: **Stephen F. Ritz**
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/99

Date

850 43805911

Daytime Phone #

CR2E034 (5/99)