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May 10, 1999 8:00 am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N30694

1. Corporation Name

AMERICAN ASSOCIATION OF STATE TROOPERS, INC.

Principal Place of Business

1949 RAYMOND DIEHL ROAD  
TALLAHASSEE FL 32308-3778  
US

Mailing Address

1949 RAYMOND DIEHL ROAD  
TALLAHASSEE FL 32308-3778  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

02/14/1989

4. FEI Number

59-2952895

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

9. Name and Address of Current Registered Agent

COX, J. ALAN  
909 EAST PARK AVE  
SUITE F100  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name Alan J. Cox  
82 Street Address (P.O. Box Number is Not Acceptable)  
1660 Metropolitan Circle  
83  
84 City Tallahassee FL 85 Zip Code 32308

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Alan Cox (J. Alan Cox)*

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

(NOTE: Registered Agent signature required when reinstating)

April 27, 1999  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRIFFIN, HARRALL	
STREET ADDRESS	7810 DEER RUN COVE	
CITY-ST-ZIP	CORDOVA TN 38018	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CLAY, ROBERT	
STREET ADDRESS	PO BOX 243 N/A	
CITY-ST-ZIP	REEDSVILLE WV	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JOHNSON, CLAUDE	
STREET ADDRESS	PO BOX 209 N/A	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WITT DAVID L	
STREET ADDRESS	3004 N HEMBREE	
CITY-ST-ZIP	MCMINNVILLE OR	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, VIRGINIA	
STREET ADDRESS	403 STONE HOUSE RD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	W WAYN YORK	
STREET ADDRESS	290 AMANDA CT	
CITY-ST-ZIP	OREGON CITY OR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
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 617, 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:

*Alan Cox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-3857904 4/26/99  
Date DeSigne Phone #

CR2E037 (1/98)