

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 09 1998 8:00am  
Secretary of State

0014042

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06005** (5)

1. Corporation Name

**FLORIDA REPEATER COUNCIL, INC.**

Principal Place of Business

Mailing Address

**101 PONCE DELEON CIRCLE  
PONCE INLET FL 32127**

**101 PONCE DELEON CIRCLE  
PONCE INLET FL 32127**

3. Date Incorporated or Qualified

**11/05/1984**

4. FEI Number

**52-1570536**

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

**CLINE, ROBERT  
101 PONCE DELEON CIRCLE  
PONCE INLET FL 32127**

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

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 ☐ DELETE

NAME **PT KASSIS, RAY**  
STREET ADDRESS **1150 WEST KING STREET**  
CITY-ST-ZIP **COCOA FL 32922**

TITLE ☐ DELETE

NAME **VT BICKHAM, IRA R.**  
STREET ADDRESS **260 TIKI DRIVE**  
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ DELETE

NAME **ST CLINE, ROBERT**  
STREET ADDRESS **101 PONCE DELEON CIRCLE**  
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE ☐ DELETE

NAME **CT RODAKIS, DANA**  
STREET ADDRESS **6280 FAIRFIELD AVENUE SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE ☐ DELETE

NAME **CT BUSH, MATTHEW**  
STREET ADDRESS **13519 MARQUETTE BOULEVARD**  
CITY-ST-ZIP **FT. MYERS FL 33905**

TITLE ☐ DELETE

NAME **D BUTLER, FRANK**  
STREET ADDRESS **323 ELLIOTT RD., SE**  
CITY-ST-ZIP **FT. WALTON BCH. FL**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROBERT C. CLINE**

**7/2/98**

Date

**904-767-6782**

Daytime Phone #

CR2E037 (5/98)