

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

Jan 22 1996 8:00 am  
Secretary of State

DOCUMENT # 172920 (1)

1. Corporation Name

AUDIO COMMUNICATIONS NETWORK, INC.



Principal Place of Business

1000 LEGION PLACE  
GATEWAY CENTER, SUITE 1515  
ORLANDO FL 32801

Mailing Address

1000 LEGION PLACE  
GATEWAY CENTER, SUITE 1515  
ORLANDO FL 32801

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SCHELL, A.J.  
1000 LEGION PLACE  
GATEWAY CENTER, SUITE 1515  
ORLANDO FL 32792

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

03/28/1953

3a. Date of Last Report

03/14/1995

4. FEI Number

59-0690530

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	SCHELL, A.J.	
STREET ADDRESS	1000 LEGION PLACE, #1515	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	KRUMMENACKER, DORIS K.	
STREET ADDRESS	1000 LEGION PLACE, #1515	
CITY - ST - ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FLEMMINGS, MARY	
STREET ADDRESS	1000 LEGION PLACE, #1515	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEBER, RALPH L.	
STREET ADDRESS	1000 LEGION PLACE, #1515	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURNBULL, NAT M.	
STREET ADDRESS	1000 LEGION PLACE, #1515	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DYER, ROBERT	
STREET ADDRESS	1000 LEGION PLACE, #1515	
CITY - ST - ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ben B. Moss	
1.3 STREET ADDRESS	1000 Legion Pl Suite #1515	
1.4 CITY - ST - ZIP	Orlando, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	C. Lee Maynard	
2.3 STREET ADDRESS	1000 Legion Pl Suite #1515	
2.4 CITY - ST - ZIP	Orlando, FL 32802	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Patrick J. Dougherty	
3.3 STREET ADDRESS	1000 Legion Pl Suite #1515	
3.4 CITY - ST - ZIP	Orlando, FL 32802	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Doris K. Krumpenacker*  
DORIS K. KRUMMENACKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96

407-649-8877

Date

Display Phone #

CR2E034 (12/95)