

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90008 006 \*\*\*183.75

**DOCUMENT # 710093**

1. Corporation Name

**ARC-BREVARD, INC.**

Principal Place of Business

**1694 CEDAR STREET  
ROCKLEDGE FL 32955**

Mailing Address

**1694 CEDAR STREET  
ROCKLEDGE FL 32955**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip

Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

3. Date Incorporated or Qualified

**12/23/1965**

4. FEI Number

**59-0905505**

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

**DRESSLER, JAMES R.  
110 DIXIE LANE  
COCOA BEACH FL 32931**

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

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

**10** ☐ DELETE  
TITLE **NUTTING, CHARLES**  
NAME  
STREET ADDRESS **719 E HIBISCUS BLVD**  
CITY-ST-ZIP **MELBOURNE FL**

**11** ☒ DELETE  
TITLE **D**  
NAME **OSBORNE, MAC**  
STREET ADDRESS **C/O TRAVIS HDW, 300 DELANNOY AVE**  
CITY-ST-ZIP **COCOA FL**

**12** ☐ DELETE  
TITLE **SHINN, GRETGG**  
NAME  
STREET ADDRESS **1934 S FISKE BLVD**  
CITY-ST-ZIP **ROCKLEDGE FL**

**13** ☐ DELETE  
TITLE **T**  
NAME **SWIFT, BARRY**  
STREET ADDRESS **201 BARTON BLVD**  
CITY-ST-ZIP **ROCKLEDGE FL**

**14** ☐ DELETE  
TITLE **S**  
NAME **KRAFTCHICK, JUDY**  
STREET ADDRESS **6370 N WICKHAM RD**  
CITY-ST-ZIP **MELBOURNE FL**

**15** ☐ DELETE  
TITLE **PD**  
NAME **SCHWEINSBERG, JOHN R. JR.**  
STREET ADDRESS **850 BELHURST LN**  
CITY-ST-ZIP **ROCKLEDGE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1** TITLE **CD** ☐ Change ☐ Addition  
**1.2** NAME  
**1.3** STREET ADDRESS  
**1.4** CITY-ST-ZIP

**2.1** TITLE **VP** ☐ Change ☐ Addition  
**2.2** NAME **Gerard Ryan**  
**2.3** STREET ADDRESS **1670 S. Fiske Blvd.**  
**2.4** CITY-ST-ZIP **Rockledge, FL 32955**

**3.1** TITLE **Past D** ☐ Change ☐ Addition  
**3.2** NAME **Shinn, Gregg**  
**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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/99 407-690-3464**  
Date Daytime Phone #

CR2E037 (11/98)