

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 711890 (4)

1. Corporation Name

R.A.C.C.A., INC.

**APPROVED
AND
FILED**

95 APR 21 AM 9:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**1210 N. CLEARVIEW AVE.
TAMPA FL 33607**

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TAMPA FL 33607**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1966

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1113307

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

2a

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

10. Name and Address of New Registered Agent

**BISMARCK, KEANE O.
1210 N. CLEARVIEW AVE.
TAMPA FL 33607**

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 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 CEO if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	SPARKS, ROBERT
STREET ADDRESS	1334 SPAULDING ROAD
CITY-ST-ZIP	DUNEDIN FL
TITLE	ST
NAME	SCHWERSKY, STEVEN
STREET ADDRESS	8585 115TH AVENUE, NORTH
CITY-ST-ZIP	LARGO FL
TITLE	V
NAME	BROWN, RUSSELL
STREET ADDRESS	2827 7TH AVENUE, SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	PE
NAME	HILL, JAMES
STREET ADDRESS	1040 ALCAZAR WAY SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	DUATO, CHUCK
STREET ADDRESS	1916 U.S. 41ST SOUTH
CITY-ST-ZIP	RUSKIN FL
TITLE	D
NAME	COCHELL, ROBERT
STREET ADDRESS	3134 E. STATE ROAD 60
CITY-ST-ZIP	VALRICO FL

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	HILL, JAMES R.	
1.3 STREET ADDRESS	1040 ALCAZAR WAY SOUTH	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
2.1 TITLE	ST	☒ Change ☐ Addition
2.2 NAME	COCHELL, ROBERT	
2.3 STREET ADDRESS	3134 E. STATE ROAD 60	
2.4 CITY-ST-ZIP	VALRICO, FL 33594	
3.1 TITLE	V	☒ Change ☐ Addition
3.2 NAME	SCHWERSKY, STEVEN	
3.3 STREET ADDRESS	8585 115TH AVE., NORTH	
3.4 CITY-ST-ZIP	LARGO, FL 34643	
4.1 TITLE	PE	☒ Change ☐ Addition
4.2 NAME	BROWN, RUSSELL	
4.3 STREET ADDRESS	1991 CAROLINA COURT	
4.4 CITY-ST-ZIP	CLEARWATER, FL 34620	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	KIZER, RANDALL	
5.3 STREET ADDRESS	501 S. FALKENBURG RD, STE 13	
5.4 CITY-ST-ZIP	TAMPA, FL 33619	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	DeYOUNG, JOHN	
6.3 STREET ADDRESS	8316 N. SAULRAY ST.	
6.4 CITY-ST-ZIP	TAMPA, FL 33604	

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 110.07(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 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 D. Cochell

4/18/95

(813)689-2082

Daytime Phone #

ADDITIONAL DIRECTORS (BLOCK 13)

D

ADDITION

**POSTOLL, RICK
111 SOUTH BONE AVENUE
TAMPA, FL 33606**

D

**GROGG, JOHN
6235 MASSACHUSETTS AVENUE
NEW PORT RICHEY, FL 34653**

D

**LINGERFELT, BRYAN
604 N. GILCHRIST AVENUE
TAMPA, FL 33606**

D

**RODRIGUEZ, BONNIE
5406 N. ROSEMONT
TAMPA, FL 33614**