CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736137 (1)

1. Corporation Name
METROPOLITAN REPEATER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 2735 PINELLAS PARK FL 34664-2735	P. O. BOX 2735 PINELLAS PARK FL 34664-2735

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1976
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-1708975 ☐ 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 (21): Suite, Apt. #, etc (22): City & State (23): Zip (24) / County (25)
2a. Mailing Address (26): Suite, Apt. #, etc (27): City & State (28): Zip (29) / County (30)

9. Name and Address of Current Registered Agent

SMITH, WAYNE O.
5420 CENTRAL AVENUE
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City: FL 65 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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SHARP, G K	12 NAME	ROBERT J. KATES	
STREET ADDRESS	11929 104TH CT N	13 STREET ADDRESS	8360 58TH ST. N	
CITY-ST-ZIP	LARGO FL	14 CITY-ST-ZIP	PINELLAS PARK, FL 34665-1440	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	SPERDUTI, CASPER	22 NAME	BOBBIE BOYD	
STREET ADDRESS	7342 WINDSOR LANE	23 STREET ADDRESS	2056 VALLEY DR	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	SPEAIRS, LAURI	32 NAME	GEORGE BAUSTERT	
STREET ADDRESS	10566 139TH WAY N.	33 STREET ADDRESS	5037 88TH AVE N	
CITY-ST-ZIP	LARGO FL	34 CITY-ST-ZIP	PINELLAS PARK, F 34666	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	DENNIS, JANICE	42 NAME		
STREET ADDRESS	4330 86TH LANE N.	43 STREET ADDRESS		
CITY ST ZIP	ST. PETERSBURG FL 33709	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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. 3/3

SIGNATURE: Robert J Kates ROBERT J. KATES 4/28/95 544-1214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT & DIRECTOR

0087681