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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:24

DOCUMENT # 837659 (2)

1. Corporation Name

ASSOCIATED PUBLIC-SAFETY COMMUNICATIONS OFFICERS , INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2040 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119	2040 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119

3. Date Incorporated or Qualified: 01/05/1977
3a. Date of Last Report: 02/14/1994
4. FEI Number: 63-0461885 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RAND, RONNIE
2040 SOUTH RIDGEWOOD AVENUE
SOUTH DAYTONA FL 32119

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 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	V	1.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, ROSS	1.2 NAME	
STREET ADDRESS	2803-156TH ST. S.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLAVUE WA 98007	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	D ☒ Change ☐ Addition
NAME	POWELL, JOHN S.	2.2 NAME	Joseph McNeil
STREET ADDRESS	P. O. BOX 4342, NA	2.3 STREET ADDRESS	119 Depot Rd. W.
CITY-ST-ZIP	BERKLEY CA	2.4 CITY-ST-ZIP	West Harwich, MA 02671
TITLE	P	3.1 TITLE	☒ Change ☐ Addition
NAME	HUGGINS, FRANK	3.2 NAME	
STREET ADDRESS	600 TUNNEL ROAD	3.3 STREET ADDRESS	Remove
CITY-ST-ZIP	ASHEVILLE NC	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	P ☒ Change ☐ Addition
NAME	PROCTOR, STEPHEN	4.2 NAME	
STREET ADDRESS	5000 STATE OFFICE BLDG	4.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	WARD, MARILYN	5.2 NAME	
STREET ADDRESS	100 S HUGHEY AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	RAND, RONNIE	6.2 NAME	
STREET ADDRESS	2040 S. RIDGEWOOD AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL	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)(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: James R. Rand, Exec. Dir. 1/20/95 (904) 322-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023841