**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPÁRTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # GM 1. Corporation Name .

AACTION CENTRAL TRANSMISSION, INC.

Principal Place of Business

Mailing Address

May 10, 1999 8:00 am Secretary of State

05-10-1999 90130 034 \*\*\*158.75

PINELLAS PARK, FL 33781 PINELLAS PARK, FL		DO NOT WRITE IN THIS SPACE		
TINDBAS TARRY TE 30	33781	•	3. Date Incorporated or Qualifed 04/01/83	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2248279	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Zip Cc 29 30	ountry	This corporation owes the current year In Personal Property Tax.	ntangible
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
		81 Name		
JOHN G. WEBB 7920 55TH STREET		82 Street Address (P.O. Box Number is Not Acceptable)		
PINELLAS PARK, FL 33781		83		
		84 City	Fl	<b>-</b>
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Statagent. I am familiar with, and accept the obligation.	e of Florida. Such change was authorize	ed by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	of changing its registered pintment as registered

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition ☐ DELETE 11 TITLE TITLE PRESIDENT 1.2 NAME NAME ISABEL I. WEBB 13 STREET ADDRESS STREET ADDRESS **7920 55TH STREET** 1 4 CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK, FL 3378 DELETE Change Addition 2.1 TITLE TITLE 2:2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 3.1 TITLE TITLE 22 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE [] Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 607, 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:

727-544-9109

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