

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 03 1997 8:00am  
Secretary of State

DOCUMENT # **K13066** (1)

1. Corporation Name

**RADIO OFFICERS' UNION REALTY, INC.**

Principal Place of Business

**1415 MOYLAN ROAD  
PANAMA CITY BEACH FL 32407**

Mailing Address

**1415 MOYLAN ROAD  
PANAMA CITY BEACH FL 32407-4069**



3. Date Incorporated or Qualified

**01/22/1988**

3a. Date of Last Report

**02/22/1996**

4. FEI Number

**59-2900521**

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**

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

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**HESS, BRIAN D.  
9108 WEST HWY 98  
PANAMA CITY BCH FL 32407**

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 of typist or provided name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HARPER, THOMAS C.</b>	
STREET ADDRESS	<b>1415 MOYLAND ROAD</b>	
CITY - ST - ZIP	<b>PANAMA CITY BCH FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>DISHINGER, DONALD M</b>	
STREET ADDRESS	<b>1415 MOYLAN RD</b>	
CITY - ST - ZIP	<b>PANAMA CITY BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COOPER, JOHN S</b>	
STREET ADDRESS	<b>1415 MOYLAN RD</b>	
CITY - ST - ZIP	<b>PANAMA CITY BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KNOBLOCH, EDWARD J.</b>	
STREET ADDRESS	<b>32 RIVERVIEW AVE</b>	
CITY - ST - ZIP	<b>TARRYTOWN NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ZWEIGLE, EUGENE J</b>	
STREET ADDRESS	<b>1415 MOYLAN RD</b>	
CITY - ST - ZIP	<b>PANAMA CITY BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, KURT P.</b>	
STREET ADDRESS	<b>1218 LAKEVIEW BLDV E</b>	
CITY - ST - ZIP	<b>SEATTLE WA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Eric J. Fluvog</b>	
1.3 STREET ADDRESS	<b>3339 Cascadia Avenue South</b>	
1.4 CITY - ST - ZIP	<b>Seattle WA 98144</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>John R. Hunt</b>	
2.3 STREET ADDRESS	<b>9156 Valley Drive</b>	
2.4 CITY - ST - ZIP	<b>Stockton CA 95212</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:

*Thomas C. Harper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas C. Harper 2/25/97 904-234-8448**

Date

Daytime Phone #

CR2E034 (9/96)