

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90023 048 \*\*\*150.00

**DOCUMENT # K13066**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/22/1988**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25** **29** **30**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **P**  
NAME **HARPER, THOMAS C.**  
STREET ADDRESS **1415 MOYLAND ROAD**  
CITY-ST-ZIP **PANAMA CITY BCH FL**

TITLE **ST** ☐ DELETE  
NAME **DISHINGER, DONALD M**  
STREET ADDRESS **1415 MOYLAN RD**  
CITY-ST-ZIP **PANAMA CITY BEACH FL**

TITLE **D** ☐ DELETE  
NAME **COOPER, JOHN S**  
STREET ADDRESS **1415 MOYLAN RD**  
CITY-ST-ZIP **PANAMA CITY BCH FL**

TITLE **D** ☐ DELETE  
NAME **KNOBLOCH, EDWARD J.**  
STREET ADDRESS **32 RIVERVIEW AVE**  
CITY-ST-ZIP **TARRYTOWN NY**

TITLE **D** ☐ DELETE  
NAME **ZWEIGLE, EUGENE J**  
STREET ADDRESS **1415 MOYLAN RD**  
CITY-ST-ZIP **PANAMA CITY BCH FL**

TITLE **D** ☐ DELETE  
NAME **ANDERSON, KURT P.**  
STREET ADDRESS **1218 LAKEVIEW BLDV E**  
CITY-ST-ZIP **SEATTLE WA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **Eric J. Fluvog**  
1.3 STREET ADDRESS **1415 Moylan Road**  
1.4 CITY-ST-ZIP **Panama City Beach, FL 32407**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **John R. Hunt**  
2.3 STREET ADDRESS **1415 Moylan Road**  
2.4 CITY-ST-ZIP **Panama City Beach, FL 32407**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME **Edward J. Knobloch**  
4.3 STREET ADDRESS **1415 Moylan Road**  
4.4 CITY-ST-ZIP **Panama City Beach, FL 32407**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☒ Change ☐ Addition  
6.2 NAME **Kurt P. Anderson**  
6.3 STREET ADDRESS **1415 Moylan Road**  
6.4 CITY-ST-ZIP **Panama City Beach, FL 32407**

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:

*Thomas C. Harper*

Thomas C. Harper

2/22/99

(850) 234-8448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)