

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**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90033 015 \*\*\*150.00

**DOCUMENT # L03251**

1. Corporation Name  
**ACUERA CORP.**



Principal Place of Business  
**% RICHARD J MIDULLA**  
**16313 N DALE MABRY HWY**  
**TAMPA FL 33618**  
**US**

Mailing Address  
**P. O. BOX 272000**  
**TAMPA FL 33688**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/20/1989**

4. FEI Number

**59-2961273**

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

2a. Mailing Address

21 Suite, Apt. #, etc.

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

10. Name and Address of New Registered Agent

**MIDULLA, RICHARD J**  
**16313 NORTH DALE MABRY HWY.**  
**TAMPA FL 33618**

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 ☐ DELETE  
NAME **D**  
**DRAKE, JOHN**  
STREET ADDRESS **HWY 27 SOUTH**  
CITY-ST-ZIP **MOOREHAVEN FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **D**  
**DRAKE, JOHN**  
1.3 STREET ADDRESS **HIGHWAY 27 SOUTH**  
1.4 CITY-ST-ZIP **MOOREHAVEN FL 33471**

TITLE ☐ DELETE  
NAME **D**  
**MULCAY, WILLIAM T**  
STREET ADDRESS **US HWY 17 NORTH**  
CITY-ST-ZIP **WAUCHULA FL 33873**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **D**  
**MULCAY, WILLIAM T JR**  
2.3 STREET ADDRESS **US HIGHWAY 17 NORTH**  
2.4 CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE ☐ DELETE  
NAME **D**  
**SHEPPARD, WILSON**  
STREET ADDRESS **US HWY 301 AT 471**  
CITY-ST-ZIP **SUMTERVILLE FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **D**  
**SHEPPARD, WILSON**  
3.3 STREET ADDRESS **US HWY 301 AT 471**  
3.4 CITY-ST-ZIP **SUMTERVILLE FL 33585**

TITLE ☐ DELETE  
NAME **D**  
**RIVENBARK, BENNIE**  
STREET ADDRESS **14651 21ST STREET**  
CITY-ST-ZIP **DADE CITY FL 33525**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **D**  
**RIVENBARK, BENNIE M**  
4.3 STREET ADDRESS **14651 21ST STREET**  
4.4 CITY-ST-ZIP **DADE CITY FL 33525**

TITLE ☐ DELETE  
NAME **V**  
**DUREN, JIM**  
STREET ADDRESS **16313 N DALE MABRY HWY**  
CITY-ST-ZIP **TAMPA FL**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **V**  
**DUREN, JAMES R**  
5.3 STREET ADDRESS **16313 N DALE MABRY HWY**  
5.4 CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ DELETE  
NAME **PD**  
**MIDULLA, RICHARD**  
STREET ADDRESS **16313 N DALE MABRY HWY**  
CITY-ST-ZIP **TAMPA FL**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **PD**  
**MIDULLA, RICHARD J**  
6.3 STREET ADDRESS **16313 N DALE MABRY HWY**  
6.4 CITY-ST-ZIP **TAMPA FL 33618**

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:

**STEVEN R SHEARER**

**4/26/99**

**(813)963-0994**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)

544941-90033-15  
L03251

ACUERA CORP.  
16313 N. DALE MABRY HIGHWAY  
TAMPA, FLORIDA 33618

DOCUMENT #L03251

12. NAMES AND STREET ADDRESSES OF EACH OFFICER AND DIRECTOR (CONTINUED)

<u>TITLE</u>	<u>NAMES OF OFFICERS AND DIRECTORS</u>	<u>STREET ADDRESS OF EACH OFFICER AND DIRECTOR</u>	<u>CITY, STATE, ZIP</u>
S	TIMOTHY S. WOODBURY	16313 N. DALE MABRY HWY.	TAMPA, FL 33618
T	STEVEN R. SHEARER	16313 N. DALE MABRY HWY.	TAMPA, FL 33618