

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90014 040 \*\*\*\*61.25

0048831

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N02499**

1. Corporation Name

**SOUTH HILLSBOROUGH AMATEUR RADIO KLUB, INC.**

Principal Place of Business

620 GRAN KAYMEN  
APOLLO BEACH FL 33572  
US

Mailing Address

620 GRAN KAYMEN WAY  
APOLLO BEACH FL 33572  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/11/1984
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2949791
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PICKERING, ALAN  
620 GRAN KAYMEN WAY  
APOLLO BEACH FL 33572

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Alan Pickering* **ALAN PICKERING, TREAS., S.H.A.R.K. 1-28-99**

Signature, typed or printed name of registered agent applicable if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILLMN, PRESTON	1.2 NAME	<del>MISS</del> RICCA, EDDIE
STREET ADDRESS	11113 RIVERVIEW DR	1.3 STREET ADDRESS	300 FRANCIS DRIVE
CITY-STATE-ZIP	RIVERVIEW FL	1.4 CITY-STATE-ZIP	APOLLO BEACH, FL 33572
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DAVID	2.2 NAME	O'BILLY, ED
STREET ADDRESS	306 FAIRCROSS CIRCLE	2.3 STREET ADDRESS	2409 LANCASTER DRIVE
CITY-STATE-ZIP	SUN CITY CENTER FL	2.4 CITY-STATE-ZIP	SUN CITY CENTER, FL 33573
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBSTER, ALICE C	3.2 NAME	
STREET ADDRESS	1918 DEL WEBB BLVD WEST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	SUN CITY CENTER FL 33573	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MEANA, RICARDO	4.2 NAME	
STREET ADDRESS	2612 RIVEREND DRIVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	RUSKIN FL	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	PERRIN, ROBERT	5.2 NAME	
STREET ADDRESS	412 STEPHENS ROAD	5.3 STREET ADDRESS	
CITY-STATE-ZIP	RUSKIN FL	5.4 CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	PICKERING, ALAN	6.2 NAME	
STREET ADDRESS	620 GRAN KAYMEN WAY	6.3 STREET ADDRESS	
CITY-STATE-ZIP	APOLLO BEACH FL	6.4 CITY-STATE-ZIP	

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 recipient 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, with all other like empowered.

SIGNATURE:

*Alan Pickering* **ALAN PICKERING, TREAS.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-28-99 (813) 645-5905**

Date Daytime Phone #

CR2E037 (11/98)