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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # NO6005

1. Corporation Name

FLORIDA REPEATER COUNCIL, INC.

Principal Place of Business

101 PONCE DELEON CIRCLE
PONCE INLET FL 32127

Mailing Address

101 PONCE DELEON CIRCLE
PONCE INLET FL 32127



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/05/1984

4. FEI Number

52-1570536

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

9. Name and Address of Current Registered Agent

CLINE, ROBERT
101 PONCE DELEON CIRCLE
PONCE INLET FL 32127

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME KASSIS, RAY
STREET ADDRESS 1150 WEST KING STREET
CITY-ST-ZIP COCOA FL 32922

TITLE VT ☐ DELETE

NAME BICKHAM, IRA R.
STREET ADDRESS 260 TIKI DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ST ☐ DELETE

NAME CLINE, ROBERT
STREET ADDRESS 101 PONCE DELEON CIRCLE
CITY-ST-ZIP PONCE INLET FL 32127

TITLE CT ☐ DELETE

NAME RODAKIS, DANA
STREET ADDRESS 6280 FAIRFIELD AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33707

TITLE CT ☐ DELETE

NAME BUSH, MATTHEW
STREET ADDRESS 13519 MARQUETTE BOULEVARD
CITY-ST-ZIP FT. MYERS FL 33905

TITLE D ☐ DELETE

NAME BUTLER, FRANK
STREET ADDRESS 323 ELLIOTT RD., SE
CITY-ST-ZIP FT. WALTON BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 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 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:

FRANK BUTLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 904-767-6782
Date Daytime Phone #

CR2E037 (11/98)