FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15064 (1)

1. Corporation Name
531 REPEATER GROUP, INC.

Principal Place of Business	Mailing Address
2425 GROVE VALLEY AVENUE PALM HARBOR FL 34683-230 US	PO BOX 1791 PALM HARBOR FL 34682-794 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1986
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2942447 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2425 Grove Valley Avenue	26 P.O. Box 1791
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Palm Harbor, FL	City & State 28 Palm Harbor, FL
Zip / Country 24 34683-3230 25 USA	Zip / Country 29 34682-1791 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

ERICKSON, CURTIS G.
2425 GROVE VALLEY AVENUE
PALM HARBOR FL 34683-3230

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	RICKEL, ROBERT W.	1.2 NAME		
STREET ADDRESS	3555 DEER RUN SOUTH	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	PETROCI, NEIL B.	2.2 NAME		
STREET ADDRESS	2179 N GRENRIDGE PLACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	ERICKSON, CURTIS G	3.2 NAME		
STREET ADDRESS	2425 GROVE VALLEY AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	S	XX Change ☐ Addition
NAME	JOHNSA, TED	4.2 NAME	FRIEDMAN, CARL	
STREET ADDRESS	239 DUNBRIDGE DR.	4.3 STREET ADDRESS	2829 RUSTIC OAKS DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HENSBERRY, JOHN	5.2 NAME		
STREET ADDRESS	1110 MCCARTY ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	XX Change ☐ Addition
NAME	SCHAFFER, THOMAS L.	6.2 NAME	BRANDA, MICHAEL R.	
STREET ADDRESS	1125 24TH AVENUE NORTH	6.3 STREET ADDRESS	2972 VALENCIA LANE EAST	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Curtis G. Erickson — APRIL 25, 1995 — 813-345-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Telephone Number

6094101