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Apr 22 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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**

3. Date Incorporated or Qualified

05/22/1986

4. FEI Number

59-2942447

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **WILTON, A.R.**

STREET ADDRESS **80 MEADOWS DR**

CITY - ST - ZIP **SAFETY HARBOR FL**

TITLE **V** ☐ DELETE

NAME **WILTON, SCOTT**

STREET ADDRESS **1405A DRUID RD EAST**

CITY - ST - ZIP **CLEARWATER FL**

TITLE **T** ☐ DELETE

NAME **ERICKSON, CURTIS G**

STREET ADDRESS **2425 GROVE VALLEY AVENUE**

CITY - ST - ZIP **PALM HARBOR FL**

TITLE **S** ☐ DELETE

NAME **FRIEDMAN, CARL**

STREET ADDRESS **2829 RUSTIC OAKS DR**

CITY - ST - ZIP **PALM HARBOR FL**

TITLE **D** ☐ DELETE

NAME **HENSBERY, JOHN**

STREET ADDRESS **1110 MCCARTY ST.**

CITY - ST - ZIP **DUNEDIN FL**

TITLE **D** ☐ DELETE

NAME **BRANDA, MICHAEL R.**

STREET ADDRESS **2972 VALENCIA LANE E**

CITY - ST - ZIP **PALM HARBOR FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

P ☒ Change ☐ Addition

WILTON, SCOTT

1405 DRUID RD EAST

CLEARWATER, FL 34616

V ☒ Change ☐ Addition

ERICKSON, CURTIS

2425 GROVE VALLEY AVENUE

PALM HARBOR, FL 34683-3230

T ☒ Change ☐ Addition

WILTON, A. R.

60 MEADOWLARK DRIVE

SAFETY HARBOR, FL 34695

☐ Change ☐ Addition

☐ Change ☐ Addition

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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.

SIGNATURE:

Curtis G. Erickson

april 14, 1998 (813)787-1224

CR2E037 (10/97)