

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
93 FEB - 3 PM 1:40

DOCUMENT # N24010 (3)

1. Corporation Name  
APCO INSTITUTE, INC.

Principal Place of Business Mailing Address  
2040 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119  
2040 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/21/1987 3a. Date of Last Report 03/02/1994  
4. FEI Number 59-2895017 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  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  
RAND, JAMES R.  
2040 SOUTH RIDGEWOOD AVENUE  
SOUTH DAYTONA FL 32119

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	WARD, MARILYN
STREET ADDRESS	2040 S RIDGEWOOD AVENUE
CITY - ST - ZIP	SOUTH DAYTONA FL
TITLE	D
NAME	FISCHER, CHRIS
STREET ADDRESS	2040 S RIDGEWOOD AVENUE
CITY - ST - ZIP	SOUTH DAYTONA FL
TITLE	D
NAME	FRASER, JAMES D.
STREET ADDRESS	2040 S RIDGEWOOD AVENUE
CITY - ST - ZIP	SOUTH DAYTONA FL
TITLE	D
NAME	WARREN, CHRISTINE
STREET ADDRESS	2040 S RIDGEWOOD AVENUE
CITY - ST - ZIP	SOUTH DAYTONA FL
TITLE	D
NAME	MEISTER, GEORGE
STREET ADDRESS	2040 S RIDGEWOOD AVENUE
CITY - ST - ZIP	SOUTH DAYTONA FL
TITLE	P
NAME	RAND, JAMES R
STREET ADDRESS	2040 S RIDGEWOOD AVE
CITY - ST - ZIP	S DAYTONA FL 32119

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	100 S. Hughey Ave.
1.4 CITY - ST - ZIP	Orlando, Fl. 32801
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steven H. Proctor
2.3 STREET ADDRESS	6000 State Office Bldg.
2.4 CITY - ST - ZIP	Salt Lake City, UT 84114
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ross Morris
3.3 STREET ADDRESS	2803-156th Ave SE
3.4 CITY - ST - ZIP	Bellevue, WA 98007
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joseph McNeil
4.3 STREET ADDRESS	119 Depot Rd. W
4.4 CITY - ST - ZIP	West Harwich, MA 02671
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Remove
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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: James R. Rand James R. Rand, Exec. Dir. 1/20/95 (904) 322-2500  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_