


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90060 044 \*\*\*\*70.00

0002332

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

**DOCUMENT # N24010**

1. Corporation Name

**APCO INSTITUTE, INC.**

Principal Place of Business

**2040 SOUTH RIDGEWOOD AVENUE  
SOUTH DAYTONA FL 32119**

Mailing Address

**2040 SOUTH RIDGEWOOD AVENUE  
SOUTH DAYTONA FL 32119**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**12/21/1987**

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

9. Name and Address of Current Registered Agent

**BEVEVINO, CHRISTOPHER  
2040 SOUTH RIDGEWOOD AVENUE  
SOUTH DAYTONA FL 32119**

10. Name and Address of New Registered Agent

81 Name

**Ramsey, John**

82 Street Address (P.O. Box Number is Not Acceptable)

**2040 S Ridgewood Ave**

83

84 City

**South Daytona**

**FL**

85 Zip Code  
**32119**

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]*

(NOTE: Registered Agent signature required when reinstating)

4/28/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>GALLAGER, LYLE</b>	
STREET ADDRESS	<b>2040 S RIDGEWOOD AVE</b>	
CITY-ST-ZIP	<b>S DAYTONA FL 32119</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>KEATING, J.T.</b>	
STREET ADDRESS	<b>2040 S. RIDGEWOOD AVE...</b>	
CITY-ST-ZIP	<b>SOUTH DAYTONA FL 32119</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>HANNA, JOE</b>	
STREET ADDRESS	<b>2040 S. RIDGEWOOD AVE.</b>	
CITY-ST-ZIP	<b>SOUTH DAYTONA FL 32119</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCNEIL, JOSEPH</b>	
STREET ADDRESS	<b>119 DEPOT RD. W.</b>	
CITY-ST-ZIP	<b>WEST HARWICH MA</b>	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	<b>BEVEVINO, CHRISTOPHER</b>	
STREET ADDRESS	<b>2040 S RIDGEWOOD AVE</b>	
CITY-ST-ZIP	<b>S DAYTONA FL 32119</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Gallager, Lyle</b>	
1.3 STREET ADDRESS	<b>2040 S Ridgewood Ave</b>	
1.4 CITY-ST-ZIP	<b>South Daytona FL 32119</b>	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Keating, J. T.</b>	
2.3 STREET ADDRESS	<b>2040 S Ridgewood Ave</b>	
2.4 CITY-ST-ZIP	<b>South Daytona FL 32119</b>	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Hanna, Joe</b>	
3.3 STREET ADDRESS	<b>2040 S Ridgewood Ave</b>	
3.4 CITY-ST-ZIP	<b>South Daytona FL 32119</b>	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Nash, Glen</b>	
4.3 STREET ADDRESS	<b>2040 S Ridgewood Ave</b>	
4.4 CITY-ST-ZIP	<b>South Daytona FL 32119</b>	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Ramsey, John</b>	
5.3 STREET ADDRESS	<b>2040 S Ridgewood Ave</b>	
5.4 CITY-ST-ZIP	<b>South Daytona FL 32119</b>	
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 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:

*[Signature]* SIGNATURE REQUIRED

4/28/99

Date

Daytime Phone #

CR2E037 (1/98)