

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N24417** (0)

1. Corporation Name

RADIO OFFICERS UNION, INC.

Principal Place of Business

Mailing Address

**1415 MOYLAN RD.
PANAMA CITY BEACH FL 32407****1415 MOYLAN RD.
PANAMA CITY BEACH FL 32407-4069**3. Date Incorporated or Qualified
01/20/19883a. Date of Last Report
02/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
13-1516289Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HESS, BRIAN D
9108 WEST HIGHWAY 98
PANAMA CITY BEACH FL 32407**

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	HARPER, THOMAS C.	
STREET ADDRESS	1415 MOYLAN ROAD	
CITY - ST - ZIP	PANAMA CITY BCH. FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kurt P. Anderson	
1.3 STREET ADDRESS	1218 Lakeview Blvd E	
1.4 CITY - ST - ZIP	Seattle WA 98102	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	DISHINGER, DONALD M.	
STREET ADDRESS	1415 MOYLAN ROAD	
CITY - ST - ZIP	PANAMA CITY BCH. FL	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John R. Hunt	
2.3 STREET ADDRESS	9156 Valley Drive	
2.4 CITY - ST - ZIP	Stockton CA 95212	

TITLE	D	<input type="checkbox"/> DELETE
NAME	NOBLOCH, EDWARD J.	
STREET ADDRESS	32 RIVERVIEW AVENUE	
CITY - ST - ZIP	TARRYTOWN NY	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZWEIGLE, EUGENE J	
STREET ADDRESS	1415 MOYLAN RD	
CITY - ST - ZIP	PANAMA CITY BCH FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	FLUVOG, ERIC J.	
STREET ADDRESS	3339 CASCADIA AVE., SOUTH	
CITY - ST - ZIP	SEATTLE WA	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPER, JOHN S	
STREET ADDRESS	1415 MOYLAN RD	
CITY - ST - ZIP	PANAMA CITY BCH FL	

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 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: *Thomas C. Harper*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/97

Date

904-234-8448

Daytime Phone #0000000000

CP2E037 (9/96)