FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N24943**

APCO AUTOMATED FREQUENCY COORDINATION, INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

2040 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90031 050 ****70.00

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3. Date Incorporated or Qualifed

5: Certificate of Status Desired

02/22/1988

59-2894473

4. FEI Number

23		28					Fee Red	uirea	
Zip	Country Zip Coun			ntry		6. Election Campaign Financing \$5.00 May B			
24	25	29	30			Trust Fund Contribution	Added to Fees		
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
•				81 Name John Ramsey					
BEVEVINO, CHRISTOPHER				82 Street Address (P.O. Box Number is Not Acceptable)					
2040 S. RIDGEWOOD AVENUE				2040 Ridgewood Avenue					
SOUTH DAYTONA FL 32119				83	13				
				84 (City .		85 Zip C	ode	
` ,				1	South Daytona FL 32119			.19	
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		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR		
TITLE	10	☐ DELE	TE 1,1 TII	LE	D		Change	☐ Addition	
NAME	GALLAGER, LYLE 12N		ME		Gallager, Lyle				
STREET ADDRESS			REET AD	DRESS	2040 S Ridgewood Ave		İ		
CITY-ST-ZIP	S DAYTONA FL 32119		1.4 CD	TY-ST-ZI	P _	South Daytona FL 32119			
TITLE			TE 2.1 Π	LE.	D	100 may 100 mg	Change	Addition	
NAME	MCNEIL JOSEPH		2.2 NA	ME	G	len Nash			
STREET ADDRESS	119 DEPOT RD.		2.3 ST	REETAD	, -	040_S-Ridgewood Ave-	•		
_CITY-ST-ZIP	WEST_HARWICH_MA_0267.1	 -		TY-ST-Z		outh Daytona FL 32119			
TITLE	P	DELE	ETE 3.1 π1	LE	P		Change	X Addition	
NAME	BEVEVINO, CHRISTOPHER		3.2 NA	ME	J	ohn Ramsey		j	
STREET ADDRESS			3.3 ST	REET AD	DRESS 2	040 S Ridgewood Ave			
CITY-ST-ZIP	SOUTH DAYTONA FL 32119		3.4. CI	TY-ST-Z	ı∍ S	outh Daytona FL 32119			
TITLE	D	☐ DELE	ETE 4.1 TIT	LE .	D		Change .	Addition	
NAME	KEATING, J T		4. 2 N	AME		eating, J T			
STREET ADDRESS			4.3 ST	REETAD		040 S Ridgewood Ave		,	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119		4.4 CF	TY-ST-ZI	p S	outh Daytona FL 32119			
TITLE	D	☐ DELI	ETE 5.1 TΠ	TLE.	D		☐ Change	☐ Addition	
NAME	HANNA, JOE		5.2 NA	ME	Н	anna, Joe		•	
STREET ADDRESS			5.3 ST	REET AD		040 S Ridgewood Ave		1	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119			TY-ST-ZI		outh Daytona FL 32119		. <u></u>	
TITLE		☐ DELI	ETE 6.1 TH	TLE		-	☐ Change	☐ Addition	
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET AD	ORESS			1	
CITY-ST-ZIP				TY-ST-ZI					
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information									

ntal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar occives or tragtee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in tachnient with an address, with all other like empowered. officer or director of the corporation or the Block 12 or Block 13 if changed, or on are

SIGNATURE:

SIGNATURE BEQUIRED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Daytime Phone #

Applied For

\$8.75 Additional

Fee Required

Not Applicable