

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90117 025 ****61.25

DOCUMENT # N95000001984

1. Corporation Name

EMERGENCY COMMUNICATIONS SYSTEMS, INC.

Principal Place of Business

112 CARSWELL AVE
HOLLY HILL FL 32117
US

Mailing Address

P.O. BOX 6045
DAYTONA BEACH FL 32122
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/25/1995

4. FEI Number

59-3338752

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

RIEHM, TRACEY S
112 CARSWELL AVE
HOLLY HILL FL 32117

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 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

TITLE ☐ DELETE

D
NAME
RYAN, JAMES R
STREET ADDRESS
P.O. BOX 429 N/A
CITY-ST-ZIP
DELAND FL 32720

TITLE ☐ DELETE

D
NAME
REES, RON R
STREET ADDRESS
P.O. BOX 2830 N/A
CITY-ST-ZIP
DAYTONA BEACH FL 32120

TITLE ☐ DELETE

STD
NAME
DAVIS, BILL
STREET ADDRESS
1101 S RIDGEWOOD AVE
CITY-ST-ZIP
EDGEWATER FL 32132

TITLE ☒ DELETE

VD
NAME
MEEK, WILLIAM H M.D.
STREET ADDRESS
P.O. BOX 1990 N/A
CITY-ST-ZIP
DAYTONA BEACH FL 32115

TITLE ☐ DELETE

PD
NAME
HENRY, TERRY
STREET ADDRESS
123 W. INDIANA AVENUE
CITY-ST-ZIP
DELAND FL 32720

TITLE ☐ DELETE

D
NAME
MCCLELLAND, THOMAS M
STREET ADDRESS
424 PELICAN BAY DRIVE
CITY-ST-ZIP
DAYTONA BEACH FL 32119

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

D
1.2 NAME
HOWARD D. RODENBERG, MD
1.3 STREET ADDRESS
P.O. Box 10354
1.4 CITY-ST-ZIP
DAYTONA BEACH, FL 32120-0354

2.1 TITLE ☐ Change ☐ Addition

D
2.2 NAME
JAMES VANDERGRIFF
2.3 STREET ADDRESS
20 RICHMOND DR
2.4 CITY-ST-ZIP
NEW SMYRNA BEACH, FL 32169

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 MAY 99

Date

(904) 257-6017

Daytime Phone #

CR2E037 (11/98)

0076339