

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



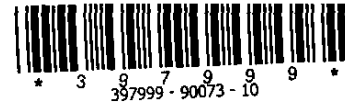
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90073 010 ****61.25

DOCUMENT # **N9800 0006 280⁰²**
1. Corporation Name
Puellas County AMATEUR RADIO EMERGENCY SERVICES, INC.

Principal Place of Business Mailing Address
105 N. METEOR AVE P.O. Box 15735
CLEARWATER, FL 33765 CLEARWATER, FL 33766



2. Principal Place of Business 21 105 N. Meteor Ave Suite, Apt. #, etc. 22 City & State 23 CLEARWATER, FL Zip 24 33765-3037 25 USA		2a. Mailing Address 26 P.O. Box 15735 Suite, Apt. #, etc. 27 City & State 28 CLEARWATER, FL Zip 29 33766-5735 30 USA		3. Date Incorporated or Qualified NOVEMBER 2, 1998	
		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SHARON ANN LAURITSEN 105 N. METEOR AVE CLEARWATER, FL 33765-3037			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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	LAURITSEN, NEIL H. SR.
STREET ADDRESS		1.3 STREET ADDRESS	105 METEOR AVE.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CLEARWATER, FL. 33765-3037
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Williams, Douglas J.
STREET ADDRESS		2.3 STREET ADDRESS	2544 FRISCO DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CLEARWATER, FL 33761-3820
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	KNUPKE, PAUL E. JR.
STREET ADDRESS		3.3 STREET ADDRESS	11931 92ND WAY N.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LARGO, FL 33773
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Douglas J. Williams** **Douglas J. Williams** **April 9, 1999** **727-725-3345**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)