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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P25634

(7)

1. Corporation Name

ACP HOLDINGS, INC.

Principal Place of Business

Mailing Address

1 NORTH MAIN STREET
P.O. BOX 472
COUDERSPORT PA 16915

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P.O. BOX 472
COUDERSPORT PA 16915

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99 OCT 26 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 1 NORTH MAIN STREET

26 1 NORTH MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 COUDERSPORT PA

City & State

28 COUDERSPORT PA

Zip Country
24 16915 25

Zip Country
29 16915 30

3. Date Incorporated or Qualified

08/16/89

4. FEI Number

25-1607673

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

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RIGAS, JOHN J.

STREET ADDRESS 1 NORTH MAIN STREET

CITY-ST-ZIP COUDERSPORT PA 16915

TITLE VDS ☐ DELETE

NAME RIGAS, MICHAEL J.

STREET ADDRESS 1 NORTH MAIN STREET

CITY-ST-ZIP COUDERSPORT PA 16915

TITLE VD ☐ DELETE

NAME RIGAS, JAMES P.

STREET ADDRESS 1 NORTH MAIN STREET

CITY-ST-ZIP COUDERSPORT PA 16915

TITLE TDV ☐ DELETE

NAME RIGAS, TIMOTHY J.

STREET ADDRESS 1 NORTH MAIN STREET

CITY-ST-ZIP COUDERSPORT PA 16915

TITLE VPAS ☐ DELETE

NAME FISHER, RANDALL D.

STREET ADDRESS 1 NORTH MAIN STREET

CITY-ST-ZIP COUDERSPORT PA 16915

TITLE DIRECTOR OF CONSTRUCTION ☐ DELETE

NAME CANGIANO, JOE

STREET ADDRESS 20800 SW 167TH AVENUE

CITY-ST-ZIP MIAMI FL 33187

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

LS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, 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:

Randall D. Fisher

RANDALL D. FISHER 10/14/99 (814) 274-9830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)