

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90205 044 \*\*\*150.00

DOCUMENT # **P93000033959**

1. Corporation Name

**ASSOCIATED VIDEO COMMUNICATIONS, INC.**

Principal Place of Business

**1031 N.W. 91ST TERRACE  
GAINESVILLE FL 32606**

Mailing Address

**1031 N.W. 91ST TERRACE  
GAINESVILLE FL 32606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/01/1993**

4. FEI Number

**59-3182124**

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

2. Principal Place of Business

**21 6395 BAKER Road**

2a. Mailing Address

**26 6395 Baker Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Keystone Heights FL**

City & State

**28 Keystone Heights FL**

Zip

**24 32656 25 USA**

Zip

**29 32656 30 USA**

9. Name and Address of Current Registered Agent

**HOFFMAN, F. JEROME  
1031 N.W. 91ST TERRACE  
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

**81 Name Same - F. Jerome Hoffman**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**6395 Baker Road**

**83**

**84**

**City Keystone Heights FL**

**85 Zip Code**

**32656**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
NAME HOFFMAN, NORMA  
STREET ADDRESS 1031 NW 91ST TERRACE  
CITY-ST-ZIP GAINESVILLE FL**

TITLE ☐ DELETE

**VPGM  
NAME HOFFMAN, JEROME  
STREET ADDRESS 1031 NW 91ST TERRACE  
CITY-ST-ZIP GAINESVILLE FL**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **6395 Baker Road**

1.4 CITY-ST-ZIP **Keystone Heights FL 32656**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **6395 Baker Road**

2.4 CITY-ST-ZIP **Keystone Heights FL 32656**

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 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:

**NORMA E. HOFFMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-5-99 (352)475-1433**

Date

Daytime Phone #

CR2E034 (11/98)