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May 04, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000075921

1. Corporation Name
AMERICAN COMMUNICATIONS, INC.

Principal Place of Business

~~1875 WEST MAIN STREET~~
~~BARTOW FL 33830~~

Mailing Address

~~1875 WEST MAIN STREET~~
~~BARTOW FL 33830~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1995

4. FEI Number

59-3339769

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

21 911 N. Wilson Ave

Suite, Apt. #, etc.

2a. Mailing Address

26 911 N. Wilson Ave

Suite, Apt. #, etc.

City & State

23 BARTOW, FL

Zip 33830

Country

City & State

28 BARTOW FL

Zip 33830

Country

9. Name and Address of Current Registered Agent

~~KINGART, ROBERT O~~
~~1875 WEST MAIN STREET~~
~~BARTOW FL 33830~~

10. Name and Address of New Registered Agent

81 Name JEFFREY A RODGERS
82 Street Address (P.O. Box Number is Not Acceptable)
911 N WILSON AVE
83
84 City BARTOW FL 85 Zip Code 33830

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 PD
NAME RODGERS, JEFFERY A
STREET ADDRESS 1875 WEST MAIN STREET
CITY-ST-ZIP BARTOW FL 33830 ☐ DELETE

TITLE STD
NAME ~~KINGART, ROBERT O~~
STREET ADDRESS ~~1875 WEST MAIN STREET~~
CITY-ST-ZIP ~~BARTOW FL 33830~~ ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME JEFFREY A RODGERS
1.3 STREET ADDRESS 911 N WILSON AVE
1.4 CITY-ST-ZIP BARTOW FL 33830

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Jeffrey A. Rodgers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99
Date

941-533-5900
Daytime Phone #

CR2E034 (11/98)