

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
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90026 019 ***150.00

DOCUMENT # P95000091758 (9)

1. Corporation Name

Root Communications, Inc. ✓

Principal Place of Business

Mailing Address

139 Executive Circle
Suite 203
Daytona Beach, FL 32114

139 Executive Circle
Suite 203
Daytona Beach, FL 32114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/30/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

Applied For

59-3346050 ✓

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

Richard L. McGrane
139 Executive Circle, Suite 203
Daytona Beach, FL 32114

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Chapman J. Root II	
STREET ADDRESS	139 Executive Circle, Suite 203	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	D/P	<input checked="" type="checkbox"/> DELETE
NAME	James L. Devis	
STREET ADDRESS	139 Executive Circle, Suite 203	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	VP/S/T	<input type="checkbox"/> DELETE
NAME	Richard L. McGrane	
STREET ADDRESS	139 Executive Circle, Suite 203	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Michael W. Joe	
STREET ADDRESS	139 Executive Circle, Suite 203	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Riordon B. Smith	
STREET ADDRESS	139 Executive Circle, Suite 203	
CITY-ST-ZIP	Daytona Beach, FL 23114	
TITLE	AT/AS	<input type="checkbox"/> DELETE
NAME	Nancy L. Poirier	
STREET ADDRESS	139 Executive Circle, Suite 203	
CITY-ST-ZIP	Daytona Beach, FL 32114	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William J. Voges	
1.3 STREET ADDRESS	139 Executive Circle, Suite 203	
1.4 CITY-ST-ZIP	Daytona Beach, FL 32114	
2.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Daniel C. Savadove	
2.3 STREET ADDRESS	139 Executive Circle, Suite 203	
2.4 CITY-ST-ZIP	Daytona Beach, FL 32114	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. McGrane, Vice President

4-22-97

Date

904-252-2898

Daytime Phone #

CR2E034 (11/98)

553402-90026-19
P95000091758

1999 PROFIT CORPORATION ANNUAL REPORT

13. Addition:

Dru W. Perry
139 Executive Circle, Suite 203
Daytona Beach, FL 32114

Assistant Secretary