

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 SEP 24 PM 2:44

DOCUMENT # P98000052212

1. Corporation Name  
P.A.C., INC.

Principal Place of Business  
127 W VOLUSIA LANE  
COCOA BEACH FL 32931

Mailing Address  
127 W VOLUSIA LANE  
COCOA BEACH FL 32931



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1998

4. FEI Number

59-3515871

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

10. Name and Address of New Registered Agent

81 Name

Sue E. Reed

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

1090 N. Atlantic Ave

83

84 City

Cape Canaveral FL

85 Zip Code

32920

2. Principal Place of Business

2a. Mailing Address

21 7090 N. Atlantic Ave.

Suite, Apt. #, etc.

22

City & State

23 Cape Canaveral, FL

Zip

24 32920

Country

25 U.S.A.

26

City & State

27 Cape Canaveral, FL

Zip

28 32920

Country

29 U.S.A.

30

9. Name and Address of Current Registered Agent

POTTER, CHARLOTTE A  
127 W VOLUSIA LANE  
COCOA BEACH FL 32931

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Sue E. Reed

SUE E. REED

8-30-99

(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 D POTTER, CHARLOTTE A ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
127 W VOLUSIA LANE  
COCOA BEACH FL 32931

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

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

900003000959--2  
-09/29/99--01080--026  
\*\*\*550.00 \*\*\*550.00

AD

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:

Charlotte A. Potter

X CHARLOTTE A. POTTER

12X6-11-99-1407-284-0014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)

0111920