

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 17, 1999 8:00 am
Secretary of State

03-17-1999 90080 007 ***150.00

DOCUMENT # **S81329**

1. Corporation Name

AMERICAN COMMUNITY ORIENTED RADIO NETWORK, INC.

Principal Place of Business

25 COLLEGE AVE W
RUSKIN FL 33570
US

Mailing Address

P. O. BOX 7140
SUN CITY FL 33586
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1991

4. FEI Number

59-3083883

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

21 720 4TH ST N BLDG B

2a. Mailing Address

26 PO BOX 100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 RUSKIN, FL

City & State

28 RUSKIN, FL

Zip

24 33570

Country

25 HILLSBOROUGH

Zip

29 33570

Country

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

**STEWART, DARLENE A.
U. S. HWY 41 N
WHITE SPRINGS FL 32096**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
5329 VILLAGE MARKET

83

84 City

WESLEY CHAPEL

FL

85 Zip Code
33543

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 **D** ☐ DELETE

NAME **HARDER, CHARLES E**
STREET ADDRESS **3905 E VENICE AVE**
CITY-ST-ZIP **VENICE FL**

TITLE **DSVP** ☐ DELETE

NAME **STEWART, DARLENE A**
STREET ADDRESS **HIGHWAY 41, BOX 531**
CITY-ST-ZIP **WHITE SPRINGS FL**

TITLE **CEO** ☐ DELETE

NAME **PERREAULT, DOUGLAS CPA**
STREET ADDRESS **13231 PINE CREEK CIRCLE**
CITY-ST-ZIP **RIVERVIEW FL 33569**

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 **RT 1 BOX 2002**
1.4 CITY-ST-ZIP **WHITE SPRINGS FL 32096**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **5329 VILLAGE MARKET**
2.4 CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

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: **DOUGLAS PERREAULT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 11, 1999 813-641-2600

Date

Daytime Phone #

CR2E034 (11/98)