

**FILE NOW: FILING FEE IS \$61.25**

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NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 711890 (4)**  
1. Corporation Name  
**R.A.C.C.A., INC.**



Principal Place of Business: **1210 N. CLEARVIEW AVE. TAMPA FL 33607**  
Mailing Address: **1210 N. CLEARVIEW AVE. TAMPA FL 33607**

3. Date Incorporated or Qualified: **12/01/1966**      3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business (21)      2a. Mailing Address (26)  
Suite, Apt. #, etc. (22)      Suite, Apt. #, etc. (27)  
City & State (23)      City & State (28)  
Zip (24)      Country (25)      Zip (29)      Country (30)

4. FEI Number: **59-1113307**      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 has liability for intangible tax under s. 199.032, Florida Statutes ( ) Yes ( ) No

9. Name and Address of Current Registered Agent  
**BISMARCK, KEANE O.  
1210 N. CLEARVIEW AVE.  
TAMPA FL 33607**

10. Name and Address of New Registered Agent  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILL, JMAES R</b>	1.2 NAME	<b>BROWN, RUSSELL</b>
STREET ADDRESS	<b>1040 ALCAZAR WAY SOUTH</b>	1.3 STREET ADDRESS	<b>1991 CAROLINA CT.</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	1.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34620</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COCHELL, ROBERT</b>	2.2 NAME	<b>LINGERFELT, BRYAN</b>
STREET ADDRESS	<b>3134 E STATE RD 60</b>	2.3 STREET ADDRESS	<b>604 N. GIICHRIST AVE.</b>
CITY-ST-ZIP	<b>VALRICO FL</b>	2.4 CITY-ST-ZIP	<b>TAMPA, FL 33606</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHIEWSKY, STEVEN</b>	3.2 NAME	<b>COCHELL, ROBERT</b>
STREET ADDRESS	<b>8585 115TH AVENUE N</b>	3.3 STREET ADDRESS	<b>3134 E. S.R. 60</b>
CITY-ST-ZIP	<b>LARGO FL</b>	3.4 CITY-ST-ZIP	<b>VALRICO, FL 33594</b>
TITLE	<b>PE</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>PE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, RUSSELL</b>	4.2 NAME	<b>SCHWERSKY, STEVE</b>
STREET ADDRESS	<b>1991 CAROLINA COURT</b>	4.3 STREET ADDRESS	<b>8585 - 115th AVE. N.</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	4.4 CITY-ST-ZIP	<b>LARGO, FL 34643</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIZER, RANDALL</b>	5.2 NAME	
STREET ADDRESS	<b>501 S FALKENBURG RD SUITE 13</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEYOUNG, JOHN</b>	6.2 NAME	
STREET ADDRESS	<b>8316 N SAULRAY ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bryan F. Lingerfelt*      Date: **4/19/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #: **(813) 251-6626**

CR2E037 (12/95)

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ADDITIONAL DIRECTORS (BLOCK 13)

D  
POSTOLL, RICK  
111 SOUTH ROME AVENUE  
TAMPA, FL 33606

D  
GROGG, JOHN  
6235 MASSACHUSETTS AVENUE  
NEW PORT RICHEY, FL 34653

D  
RODRIGUEZ, BONNIE  
5406 N. ROSEMONT  
TAMPA, FL 33614

D  
HOUGHTON, RICK  
4325 RIDGEMOOR DR. N.  
PALM HARBOR, FL 34685