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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33607-4910
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3. Date Incorporated or Qualified 12/01/1966	3a. Date of Last Report 04/24/1996
4. FEI Number 59-1113307	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

TITLE	P <input type="checkbox"/> DELETE
NAME	BROWN, RUSSELL
STREET ADDRESS	1991 CAROLINA CT
CITY-ST-ZIP	CLEARWATER FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	LINGERFELT, BRYAN
STREET ADDRESS	604 N GILCHRIST AVE
CITY-ST-ZIP	TAMPA FL
TITLE	V <input type="checkbox"/> DELETE
NAME	COHELL, ROBERT
STREET ADDRESS	3134 E SR 60
CITY-ST-ZIP	VALRICO FL
TITLE	PE <input type="checkbox"/> DELETE
NAME	SCHWERSKY, STEVE
STREET ADDRESS	8585 115TH AVE N
CITY-ST-ZIP	LARGO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KIZER, RANDALL
STREET ADDRESS	501 S FALKENBURG RD SUITE 13
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DEYOUNG, JOHN
STREET ADDRESS	8316 N SAULRAY ST
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHWERSKY, STEVE
1.3 STREET ADDRESS	8585 115th AVE. N.
1.4 CITY-ST-ZIP	LARGO, FL 34643
2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RODRIGUEZ, BONNIE
2.3 STREET ADDRESS	5406 N. ROSEMONT
2.4 CITY-ST-ZIP	TAMPA, FL 33614
3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LINGERFELT, BRYAN
3.3 STREET ADDRESS	604 N. GILCHRIST AVE.
3.4 CITY-ST-ZIP	TAMPA, FL 33606
4.1 TITLE	PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	COHELL, ROBERT
4.3 STREET ADDRESS	10220 HWY. 92 E.
4.4 CITY-ST-ZIP	TAMPA, FL 33610
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Lingerfelt* **BRYAN LINGERFELT** 04/17/97 (813) 870-2607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047480

CR2E037 (9/96)



1210 N. CLEARVIEW TAMPA, FLORIDA 33607
(813) 870-2607

ADDITIONAL DIRECTORS (BLOCK 13)

D
POSTOLL, RICK
5507 E. CHELSEA ST.
TAMPA, FL 33610

D
GROGG, JOHN
6235 MASSACHUSETTS AVE.
NEW PORT RICHEY, FL 34653

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

D
RENDA, LAWRENCE
AIR QUALITY CONTROL
7173 30th AVE. N.
ST. PETERSBURG, FL 33710