

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90246 030 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 711890

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

5 3 8 1 1 2 *
 538112 - 90246 - 30

Principal Place of Business
 1210 N. CLEARVIEW AVE.
 TAMPA FL 33607

Mailing Address
 1210 N. CLEARVIEW AVE.
 TAMPA FL 33607



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/01/1966	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1113307	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BISMARCK, KEANE O. 1210 N. CLEARVIEW AVE. TAMPA FL 33607				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	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROGG, JOHN	1.2 NAME	Lingerfelt, Bryan
STREET ADDRESS	6235 MASSACHUSETTS AVE	1.3 STREET ADDRESS	604 N. Gilchrist Ave.
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	Tampa, FL
TITLE	PE <input type="checkbox"/> DELETE	2.1 TITLE	PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINGERFELT, BRYAN	2.2 NAME	Rodriguez, Bonnie
STREET ADDRESS	604 N GILCHRIST AVE	2.3 STREET ADDRESS	5406 N. Rosemont
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL
TITLE	PE <input type="checkbox"/> DELETE	3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINGERFELT, BRYAN	3.2 NAME	Grogg, John
STREET ADDRESS	604 N. GILCHRIST AVE.	3.3 STREET ADDRESS	6235 Massachusetts Ave.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	New Port Richey, FL
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHELL, ROBERT	4.2 NAME	Kizer, Randall
STREET ADDRESS	10220 HWY. 92 E	4.3 STREET ADDRESS	501 S Falkenburg Rd Suite 13
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIZER, RANDALL	5.2 NAME	Eales, Malcolm
STREET ADDRESS	501 S FALKENBURG RD SUITE 13	5.3 STREET ADDRESS	606 N. Gilchrist Ave
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEYOUNG, JOHN	6.2 NAME	Houghton, Rick
STREET ADDRESS	8316 N SAULRAY ST	6.3 STREET ADDRESS	4325 Ridemoor Dr N
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Palm Harbor, FL

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 617, 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: *Katherine Harris* SIGNATURE REQUIRED Keane-Bismarck 04/23/99 Date 813-870-2607 Daytime Phone #

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FEI # 59-1113307

1210 N. CLEARVIEW AVE. TAMPA, FLORIDA 33607
(813) 870-2607 FAX: (813) 876-7625

Additional Directors (Block 13)

D
Renda, Larry
7173 - 30th Ave. N.
St. Petersburg, Fl

D
Charles, Mike
1015 Martin Luther King
Tampa, Fl

Change

D
Gyoerkoes, Rick
1801 S R 590 Suite D
Safety Harbor, Fl

Change

D
Montana, Peter
6903 Cypress Park Dr. #100
Tampa, Fl 33634

Change

D
Cochell, Robert
10220 Hwy. 92 E.
Tampa, Fl