

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

011980

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 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

2. Principal Place of Business 2a. Mailing Address

21 **7090 N. Atlantic Ave.** 26 **7090 N. Atlantic Ave.**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **Cape Canaveral, FL** 28 **Cape Canaveral, FL**

24 **32920** 25 **U.S.A.** 29 **32920** 30 **U.S.A.**

9. Name and Address of Current Registered Agent
**POTTER, CHARLOTTE A
127 W VOLUSIA LANE
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent

81 Name **Sue E. Reed**

82 Street Address (P.O. Box Number is Not Acceptable)
7090 N. Atlantic Ave

83

84 City **Cape Canaveral FL** 85 Zip Code **32920**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTTER, CHARLOTTE A	1.2 NAME	Reed, Sue E.
STREET ADDRESS	127 W VOLUSIA LANE	1.3 STREET ADDRESS	7090 N. Atlantic Ave.
CITY-ST-ZIP	COCOA BEACH FL 32931	1.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	900003000959--2
STREET ADDRESS		4.3 STREET ADDRESS	-09/29/99--01080--026
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***550.00 ***550.00
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	AD
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 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* **CHARLOTTE A. POTTER** **6-11-99** **407-284-0014**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)