

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **349993** (6)

1. Corporation Name
TECH-COH COMMUNICATIONS CORPORATION



Principal Place of Business: **6327 BAHAMA SHORES DRIVE SOUTH P. O. BOX 16973 ST. PETERSBURG FL 33705-5437 US**
Mailing Address: **6327 BAHAMA SHORES DRIVE SOURHT P. O. BOX 16973 ST. PETERSBURG FL 33705-5437 US**

3. Date Incorporated or Qualified: **07/29/1969** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1304016** 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

2. Principal Place of Business: 21 **6327 Bahama Shrs Dr So** 22 **St. Petersburg, FL** 23 **33705-5437** 24 **US**
2a. Mailing Address: 26 **6327 Bahama Shrs Dr So** 27 **St. Petersburg, FL** 28 **33705-5437** 29 **US**

9. Name and Address of Current Registered Agent
**HAYES, PAUL T
6327 BAHAMA SHORES DRIVE S
ST PETERSBURG FL 705**

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 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Paul Hayes* **Paul Hayes** **3/27/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, PAUL T	12 NAME	
STREET ADDRESS	6327 BAHAMA SHORES DRIVE S	13 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARBAUGH, KAREN T.	22 NAME	
STREET ADDRESS	1255 CC ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON SPRINGS TN	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, J.R.	32 NAME	
STREET ADDRESS	6327 BAHAMA SHORES DRIVE S	33 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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(9)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul Hayes* **Paul T. Hayes**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96 **(813) 867-8330**
DATE TIME OF FILING #

CR2E034 (12/96)