SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:15

DO NOT WRITE IN THIS SPACE

DOCUMENT # J06303 (8)

1. Corporation Name
SUNCOAST/EASYCOM, INC.

Principal Place of Business	Mailing Address
2606-A EUGENIA AVE P O BOX 291201 NASHVILLE TN 37229	2606-A EUGENIA AVE P O BOX 291201 NASHVILLE TN 37229

2. Principal Place of Business [21]
Suite, Apt. #, etc. [22]
City & State [23]
Zip [24] Country [25]

2a. Mailing Address [26]
Suite, Apt. #, etc. [27]
City & State [28]
Zip [29] Country [30]

3. Date Incorporated or Qualified: 03/27/1986
3a. Date of Last Report: 02/28/1994
4. FEI Number: 62-1276370 ☐ 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
MUNCE, G.M.
641 BRYN MAWR STREET
ORLANDO FL 32804

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

	1	2	3	4	5	6
TITLE	PD	VSD	VD			
NAME	BATAILLE, E. L.	RAY, ALAN	SHUEA, E. JUIN			
STREET ADDRESS	2606-A EUGENIA AVE	2606-A EUGENIA AVE	2606 EUGENIA			
CITY-ST-ZIP	NASHVILLE TN	NASHVILLE TN	NASHVILLE TN			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	1	2	3	4	5	6
	☑ Change ☐ Addition	☑ Change ☐ Addition	☑ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE	PD	VSD	VD			
NAME	RAY, ALAN	SHUEA, E. JUIN	BATAILLE, E.L.			
STREET ADDRESS	2606 EUGENIA	2606 EUGENIA	2606 EUGENIA			
CITY-ST-ZIP	NASHVILLE TN. 37211	NASHVILLE TN 37211	NASHVILLE TN 37211			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alan Ray – ALAN RAY, PResident 06/20/95 (615) 254-0617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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