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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Mar 17 1998 8:00am

Secretary of State

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Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M90847 (8)

FORENSIC COMMUNICATION ASSOCIATES, INC.

|   |   |                                   |   |  |        |  |   | ## <b>###</b> |               |  |
|---|---|-----------------------------------|---|--|--------|--|---|---------------|---------------|--|
| Principal Place of Business Maiting Address   |   |                                   |   |  |        | Control of the contro | 1811 41411 414  | (             |               |  |
| 229 SW 43 TERR. POST OFFICE BOX 12323   |   |                                   |   |  |        |  |   |               |               |  |
| Gainesville i<br>Us   | FL 32607  | GAINESVILLE FL 32804              | UNIVERSITY STATION GAINESVILLE EL 32804 |  |        |  | DO NOT WRITE IN THIS SPACE  |               |               |  |
| 00  |   | US                                |   |  |        |  | 3. Date Incorporated or Qualified   |               |               |  |
|   |   |                                   |   |  |        |  | 07/18/1988  |               |               |  |
| 2. Principal Pia  | ace of Business                                 | 2a. Mailing Address               | 2a. Mailing Address                     |  |        |  | 4. FEI Number   | Ar            | oplied For    |  |
| 21  |   | 26                                |   |  |        |  | 59-2903495  | <del></del>   | ot Applicable |  |
| Suite, Apt. #   | t, etc.   | Suite, Apt. #, etc.               | Suite, Apt. #, etc.                     |  |        | •  | 5. Certificate of Status Desired  |               | Additional    |  |
| 22  |   | 27                                |   |  |        |  |   |               | equired       |  |
| City & State  |   | <del> </del>                      | City & State                            |  |        |  | <b>6.</b> Election Campaign Financing  Trust Fund Contribution                    |               | May Be        |  |
| <b>23</b><br>Žip  | Country   | 28 Z <sub>ID</sub>                | Zip Country                             |  |        |  |   |               | to Fees       |  |
| 24  | 25  | 29                                | 30                                      | 2011LY                                       | ,      |  | 8. This corporation owes or has paid the curre Personal Property Tax due June 30. |               | No No         |  |
| 24  | 9. Name and Address of Current Registered Agent |                                   |   | 10. Name and Address of New Registered Agent |        |  |   |               |               |  |
|   |   |                                   |   |  | ı      | Vame   |   |               |               |  |
| 229 SW 43 TERRACE   |   |                                   |   |  | -      | Stroot Addre   | ess (P.O. Box Number is Not Acceptable)   |               |               |  |
| GAINESVILLE FL 32607  |   |                                   |   | 82   | ٦      | SHEEL AGOIL  | Idress (P.O. Box Number is Not Acceptable)  |               |               |  |
|   | 116411555 1 5 45441                             |                                   |   | 83   |        |  |   |               |               |  |
|   |   |                                   |   | 84   | -      | City   |   | 85 Zip        | Code          |  |
|   |   |                                   |   | 1  |        | •  | . FL  | 1 ' '         |               |  |
| 11. Pursuant to   | the provisions of Sections 607.0                | 502 and 607.1508, Florida Stat    | utes, the                               | abov   | e-n    | amed corp  | oration submits this statement for the purpose of c                               | hanging if    | ts registered |  |
| 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  |                                   |   |  | ent si | signature require  | ed when reinstating) DATE   |               | 20.01.40      |  |
| 12.   |   | AND DIRECTORS  DELETE             | 13                                      |  |        |  | ADDITIONS/CHANGES TO OFFICERS AND   | Change        | Addition      |  |
| TITLE   | PD HOLLIEN DATRICIA A                           | □ Dereie                          | •                                       | TITLE  |        |  | ·   | ு பின்கு      | L. Addition   |  |
| NAME  | HOLLIEN, PATRICIA A.<br>229 S.W. 43RD TERRACE   |                                   | 1.2 NAME                                |  | 22500  |  |   |               |               |  |
| STREET ADDRESS  | GAINESVILLE FL                                  |                                   | 1.3 STREET ADDRESS                      |  | 1      |  |   |               |               |  |
| CITY-ST-ZIP<br>TITLE  | GAINESTILLE FL                                  | ☐ DELETE                          | 1.4 CITY-ST-ZIP<br>2.1 TITLE            |  | ir     |  | Change  | Addition      |               |  |
| NAME  |   |                                   |   | NAME   |        |  |   |               |               |  |
| STREET ADDRESS  |   |                                   | II                                      | 2.3 STREET ADDRESS                           |        | DRESS  | % <u>.</u>  |               |               |  |
| CITY-ST-ZIP   |   |                                   | 2, 4 CITY-ST-ZIP                        |  |        | 1  |   |               |               |  |
| TITLE   |   | DELETE                            | 3.1 TITLE                               |  |        |  | Change  | ☐ Addition    |               |  |
| NAME  |   |                                   | 3.2 NAME                                |  |        |  |   |               |               |  |
| STREET ADDRESS  |   |                                   | 3.3                                     | STREET                                       | T ADE  | DRESS  |   |               |               |  |
| CITY-ST-ZIP   |   |                                   | 3.4. CITY - ST - ZIP                    |  |        | ZIP  |   |               |               |  |
| TITLE   |   | ☐ DELE <b>te</b>                  | 4.1                                     | 4.1 TITLE                                    |        |  |   | Change        | Addition      |  |
| NAME  |   |                                   | 4. 2                                    | NAME   |        |  |   |               |               |  |
| STREET ADDRESS  |   |                                   | 4.3                                     | STREET                                       | T ADO  | ORESS  |   |               |               |  |
| CITY-ST-ZIP   |   |                                   | 4.4                                     | CITY-S                                       | ST-Z   | IP .   |   |               |               |  |
| TITLE   |   | DELE <b>te</b>                    | 5.1                                     | TITLE  |        | j  | L   | Change        | ☐ Addition    |  |
| NAME  |   |                                   | 5.2                                     | NAME   |        |  |   |               |               |  |
| STREET ADDRESS  |   |                                   | 5.3                                     | STREET                                       | T ADE  | ORESS  |   |               |               |  |
| CITY-ST-ZIP   |   | - December                        |   | CITY-S                                       | ST- Z  | IP .   |   | Channa        | Addition      |  |
| TITLE   |   | ☐ DELET <b>E</b>                  |   | TITLE  |        |  | L   | Change        | Addition      |  |
| NAME  |   |                                   |   | NAME   |        |  |   |               |               |  |
| STREET ADDRESS  |   |                                   |   | STREET                                       |        | l.   |   |               |               |  |
| CITY-ST-ZIP   | setify that the information cumpling            | with this filing does not qualify | for the e                               | CITY-S                                       | tion   | n stated in  | Section 119.07(3)(i), Florida Statutes. I further cert                            | ify that the  | information   |  |
| indicated o   | on this annual report or suppleme               | tal annual report is true and a   | ccurate a                               | nd th  | at r   | my signatur  | re shall have the same legal effect as if made und                                | er oath, th   | at I am an    |  |
| indicated on this annual report or supplemental annual reports 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 of the reporter or trustice 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 authorities with an address.                                |   |                                   |   |  |        |  |   |               |               |  |