

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

**FILED**

**Apr 25 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P93000072478 (9)**

1. Corporation Name  
**TOMAHAWK MAIL AND COMMUNICATIONS, INC.**



Principal Place of Business  
**1970 E OSCEOLA PKWY  
KISSIMMEE FL 34743  
US**

Mailing Address  
**1970 OSCEOLA PKWY  
KISSIMMEE FL 34743-0629**

3. Date Incorporated or Qualified  
**10/14/1993**

3a. Date of Last Report  
**04/25/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **1970 E Osceola Pkwy**

27 Suite, Apt. #, etc.

28 City & State

29 **Kissimmee, FL**

30 Zip Country

30 **34743 US**

4. FEI Number  
**59-3202021**

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

**FARRELL GORDON AND ASSOCIATES, P.A.  
2111 E MICHIGAN ST  
SUITE 140  
ORLANDO FL 32806**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**FL**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, DONNA</b>	1.2 NAME	
STREET ADDRESS	<b>1970 OSCEOLA PKWY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, JEFFERY</b>	2.2 NAME	
STREET ADDRESS	<b>1970 OSCEOLA PKWY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>1970 OSCEOLA PKWY.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34343</b>	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	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE *Donna Morris* *Jeffery Morris* *James Morris* *4/14/97 407-348-7711*

CP2E034 (9/96)