

**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

95 JUL 28 AM 7:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000088062 (2)

1. Corporation Name

EAST COAST TELECOMMUNICATIONS, INC.

Principal Place of Business

2840 PROCTOR ROAD
SARASOTA FL 34231

Mailing Address

2840 PROCTOR ROAD
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1994

3a. Date of Last Report

4. FEI Number

59-3289573

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

22 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

~~TECHNICAL~~ S.F. Hyde
2840 PROCTOR ROAD
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

S.F. Hyde

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

2840 Proctor Road

83

SARASOTA FL

84 City

SARASOTA

FL

85 Zip Code

34231

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

S.F. Hyde

S.F. Hyde

7/20/95

12. OFFICERS AND DIRECTORS

12.1

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

President
J. Jeffrey Hyde
2840 Proctor Road
SAR FL 34231

12.2

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.3

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.2

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this filing 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 or a person in charge of the filing of this annual report as required by Chapter 207, Florida Statutes, and that my name appears in Block 12 or Block 13 if changing or adding an officer or director.

SIGNATURE:

[Signature]

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/95 941-921-2137