**FILED** 

Jul 28, 1999 8:00 am Secretary of State

07-28-1999 90006 034 \*\*\*150.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P98000081287

FERRELL COMMUNICATIONS, INC.

Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	JACKSONVILLE FL 32258   JACK	Principal Plac	e of Business	Mailing Address						
2. Principal Place of Business	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  09/16/1998  2. Principal Place of Business 2. Amaling Address 2. Election Campaign Financing 59 - 35.3 2.043  Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt	4570 SPARKM	AN RD	4570 SPARKMAN RD						
2. Principal Place of Business   2a. Mailing Address   4. FEL Number   59 - 3532_043   Not Applied For   Sq 3532_043	3. Date Incorporated or Qualified  09/16/1998  2. Principal Place of Business  2a. Mailing Address  2b. 4. FEI Number  5q - 35.3.2.0.4.3	JACKSONVILLE FL 32258 JACKSONVILLE FL 32258						DO NOT WORK IN THE	CDACE	
2. Principal Place of Business	2. Principal Place of Business								SPACE	<del> </del>
2	2. Principal Place of Business									
Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Country  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Suite, Apt. #, etc.  Suite,	21									la 11 15
Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 28 State 28 Suite, Apt. #, etc. 28 State 28 Suite, Apt. #, etc. 28 State 29 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 35 State 20 Suite, Apt. #, etc. 35 State 35 State 36 State 37 Suite, Apt. #, etc. 35 State 38 State 3	Suite, Apt. #, etc.    Suite, Apt. #, etc.		lace of Business	2a. Mailing Address				·· · = · · · = · · · = · ·		
Security	22   27   27   27   27   27   27   27	21						54 - 3532043		
City & State	City & State	Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		
Zip   Country   Zip   Country   St. Trust Fund Contribution   Added to Fees	Zip	22	22 27							Required
Zip Country Zip Country Zip Country Zip Country Registered Agent S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent S. Street Address (P.O. Box Number is Not Acceptable)  FERRELL, JOHN E 4570 SPARKMAN RD JACKSONVILLE FL 32258  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 segmenter required when reinstating) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE D DELETE 1.1 TITLE D AGING AGRITURE STAND SPARKMAN RD 1.3 STREET ADDRESS 1.3 STREET AD	Zip									
25	24	23		28				Trust Fund Contribution	Add	ed to Fees
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  FERRELL, JOHN E 4570 SPARKMAN RD JACKSONVILLE FL 32258  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Registered Agent, or both, in the State of Florida. Stach change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are registered agent, and accept the obligations of, section 607.0505, Florida Statutes.  84 City  FL 85 Zip Code  84 City  FL 85 Zip Code  84 City  FL 85 Zip Code  85 Signature for the purpose of changing its registered agent, are registered agent, are registered agent, and accept the obligations of, section 607.0505, Florida Statutes.  85 Signature  85 Signature  86 Signature required when retratating)  86 Delete 11. Pursuant to the provisions of sections 607.0505, Florida Statutes.  86 Signature required when retratating)  87 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. STREET ADDRESS  14. CITY-ST-ZIP  14. CITY-ST-ZIP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. STREET ADDRESS  14. CITY-ST-ZIP  14. CITY-ST-ZIP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change	9. Name and Address of Current Registered Agent  FERRELL, JOHN E 4570 SPARKMAN RD JACKSONVILLE FL 32258  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 registere 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 registere agent, arm femiliar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or profide owne of registered agent and title if applicable. (NOTE: Registered Agent agreed agent agreed agent and title if applicable. (NOTE: Registered Agent agreed agent ag	Zip	Country	Zip	Count	гу	,	8. This corporation owes the current year	<b>,</b> ′	
FERRELL, JOHN E 4570 SPARKMAN RD JACKSONVILLE FL 32258  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 agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and 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 algorithm required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  D DELETE  1.1 TITLE  4570 SPARKMAN RD  5TREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32258  1.4 City  FL  85 Zip Code  1.5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  1.2 NAME  1.3 TITLE  4570 SPARKMAN RD  1.4 CITY-ST-ZIP  Addition  FERRELL, HELEN A  2.2 TITLE  2.5 TITLE  D DELETE  3.1 TITLE  4570 SPARKMAN RD  2.2 STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32258  1.5 TITLE  3.1 TITLE  3.2 TITLE  3.3 TITLE  4570 SPARKMAN RD  4570 SPARKMAN RD  5TREET ADDRESS  CITY-ST-ZIP  Addition  Addit	9. Name and Address of Current Registered Agent  FERRELL, JOHN E 4570 SPARKMAN RD JACKSONVILLE FL 32258  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 registerer 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 registere agent, and familiar with, and accept the obligations of section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  DELETE  DELETE  DELETE  DIACKSONVILLE FL 32258  1.4 City  FL  85  Street Address (P.O. Box Number is Not Acceptable)  86  City  FL  85  Signatives, the above-named corporation submits this statement for the purpose of changing its registere 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 agentary required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN AMME  FERRELL, JOHN E  13. STREET ADDRESS  CITY-ST-ZP  JACKSONVILLE FL 32258  14. CITY-ST-ZP  TITLE  DIACKSONVILLE FL 32258  14. CITY-ST-ZP  TITLE  DELETE  DELETE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  Change  A 11 TITLE  A 11 TITLE  Change  A 11 TITLE  A 11 TITLE  Change  A 11 TITLE  Change  A 11 TITLE  A 1	24	25	29	30			Intangible Personal Property.	_ Yes	∐ No
FERRELL, JOHN E 4570 SPARKMAN RD JACKSONVILLE FL 32258  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  FL 85 Zip Code  84 City  FL 85 Zip Code  85 Zip Code  86 Zip Code  87 City  FL 86 Zip Code  88 Zip Code  89 Zip Code  80 Zip Co	FERRELL, JOHN E 4570 SPARKMAN RD  JACKSONVILLE FL 32258  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 registere agent, and 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 Eginature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32258  14. CITY-ST-ZIP  TITLE  D DELETE  1.1 TITLE  Change A 4570 SPARKMAN RD  2.3 STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32258  DELETE  DELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  A 570 SPARKMAN RD  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  A 571 SPARKMAN RD  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  A 571 SPARKMAN RD  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  A 571 SPARKMAN RD  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  TITLE  DELETE  A 571 SPARKMAN RD  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  A 572 SPARKMAN RD  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  TITLE  DELETE  A 574 AUGUST AU		9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent_	
4570 SPARKMAN RD JACKSONVILLE FL 32258  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City	4570 SPARKMAN RD JACKSONVILLE FL 32258  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 registere agent, am femiliar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  Signature  Signature, typed or printed name of registered agent and title if spolicoble. (NOTE: Registered Agent aignature required when reinatating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.3 STREET ADDRESS  GITY-ST2/P  JACKSONVILLE FL 32258  14. GITY-ST2/P  DELETE  1.1 TITLE  D				]8	11 1	Name			
## A5//O SYARKMAN HD  JACKSONVILLE FL 32258  ## City FL 85 Zip Code  ## City F	A5/0 SPARKMAN ND  JACKSONVILLE FL 32258  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 registere agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  Signature, hyped or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE  DELETE  11 TITLE  DELETE  12 NAME  FERRELL, JOHN E  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  JACKSONVILLE FL 32258  14 CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  ASTREET ADDRESS  CITY-ST-ZIP  DELETE  3.2 TITLE  Change  ASTREET ADDRESS  CITY-ST-ZIP  ASTREET ADDRESS  CITY-ST-ZIP  DELETE  ASTREET ADDRESS  CITY-ST-ZIP  ASTREET ADDRESS  CITY-ST-ZIP  DELETE  ASTREET ADDRESS  CITY-ST-ZIP  ASTREET ADDRESS  CITY-ST-ZIP  ASTREET ADDRESS  CITY-ST-ZIP  Change  ASTREET ADDRESS				-	<del>,</del>	Stroot Addre	per (D.O. Boy Number is Not Acceptable)		
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 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, 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, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both the provisions of sections for provisions. I hereby accept the appointment as registered agent, or both the provisions of sections, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, agent of directors. I hereby accept the appointment as registered agent, agent age	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 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, and familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and talle if applicable.	457	'o sparkman RD		"	<u>" </u>	Sileer Addit	ESS (F.O. DOX NUMBER IS NOT Acceptable)		
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 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	11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submils this statement for the purpose of changing its 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, agent, I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE    Time	JA(	CKSONVILLE FL 32258		8	3				
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes by the corporation submits this statement for the purpose of changing its 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   Signatu	11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submils this statement for the purpose of changing its 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, agent, I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE    Time								1	
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D D DELETE 1.1 TITLE Change Addition  NAME FERRELL, JOHN E 12 NAME  STREET ADDRESS 4570 SPARKMAN RD 13 STREET ADDRESS  TITLE D D DELETE 2.1 TITLE Change Addition  NAME FERRELL, HELEN A 23 STREET ADDRESS  STREET ADDRESS 4570 SPARKMAN RD 23 STREET ADDRESS  CITY-ST-ZIP JACKSONVILLE FL 32258 24 CITY-ST-ZIP  TITLE D D DELETE 3.1 TITLE Change Addition  NAME STREET ADDRESS 3.1 TITLE Change Addition  NAME STREET ADDRESS 3.1 TITLE 3.2 NAME  STREET ADDRESS 5.1 TITLE 3.2 NAME 3.3 STREET ADDRESS  STREET ADDRESS 5.1 TITLE 3.2 NAME 3.3 STREET ADDRESS  STREET ADDRESS 6.1 TITLE 3.3 STREET ADDRESS 3.3 STREET ADDRESS  STREET ADDRESS 6.1 TITLE 3.3 STREET ADDRESS 3.3 STREET ADD	12. OFFICERS AND DIRECTORS  TITLE D D DELETE 1.1 TITLE  NAME FERRELL, JOHN E STREET ADDRESS 4570 SPARKMAN RD  TITLE D D DELETE  TITLE D D DELETE  TITLE D D DELETE  TITLE D D DELETE  NAME FERRELL, HELEN A  STREET ADDRESS 4570 SPARKMAN RD  TITLE D D DELETE  NAME FERRELL, HELEN A  STREET ADDRESS 4570 SPARKMAN RD  TITLE D D DELETE  STREET ADDRESS 4570 SPARKMAN RD  TITLE D DELETE  STREET ADDRESS 4570 SPARKMAN RD  TITLE D DELETE  NAME STREET ADDRESS  CITY-ST-ZIP  TITLE D DELETE  3.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  A STREET ADDRESS	agent. i	am familiar with, and accept the oblig	gations of, section 607.0505, Flo	rida Statut	es.			niment a	s registered
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	CITY-ST-ZIP 4.4 CITY-ST-ZIP	TITLE NAME		DELETE	3.4 CITY 4.1 TITLE 4.2 NAMI	-ST-ZII E	P		Chan	ge Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 adachment with an address

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

OELETE

Change Addition

Addition

Change

## J. Victoria Garbacik Kopman Certified Public Accountant 3658 Indian Princess Road Jacksonville, FL 32257 (904) 880-9803

July 23, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Ferrell Communications, Inc.
Document # P98000081287

Per telephone conversation with Kristen on July 20, enclosed is a replacement check for the annual corporate report fee of \$150.

The taxpayer had originally filed this report on April 20, 1999. However, according to your records, it was not received. Please accept the enclosed replacement check.

I appreciate your assistance in this matter. If you have any questions, please do not hesitate to call me.

Salail Forman

Sincerely,

J. Victoria Garbacik Kopman

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