

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 AM 11:50

DOCUMENT # **S49857** (3)
1. Corporation Name
ANTENNAS FOR COMMUNICATIONS, OCALA, FL, INC.

Principal Place of Business Mailing Address
C/O BOROUGHS, GRIMM & BENNETT P O BOX 3309 ORLANDO FL 32802
C/O BOROUGHS, GRIMM & BENNETT P O BOX 3309 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/03/1991** 3a. Date of Last Report **02/10/1994**

4. FEI Number **59-3065756** 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 2a. Mailing Address
21 **350 Cypress Road** 26 **350 Cypress Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Ocala, Florida** 27 **Ocala, Florida**
City & State City & State
23 **34472** 25 **USA** 29 **34472** 30 **USA**
Zip Country Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOROUGHS, GRIMM & PA
201 E PINE ST, STE 500
ORLANDO FL 32801

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 the corporation

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DSC**
NAME **POSNER, RONALD S**
STREET ADDRESS **350 CYPRESS RD**
CITY-ST-ZIP **OCALA FL**
TITLE **DP**
NAME **SPIVEY, LESLIE D**
STREET ADDRESS **350 CYPRESS RD**
CITY-ST-ZIP **OCALA FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(3)(b), Florida Statutes. I further certify that the information is correct and true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer, director, or shareholder 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 of this report with an address.

SIGNATURE:

RONALD S. POSNER

1-20-95

(904) 687-4121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number