

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

FILED

98 JUN 11 PM 12:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # P97000014227 (7)
1. Corporation Name:
COLLINS COMMUNICATIONS CORPORATION

Principal Place of Business: **3332 THOMAS BUTLER ROAD TALLAHASSEE FL 32308**
Mailing Address: **3332 THOMAS BUTLER ROAD TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **5554 B NW Capital Circle**
2a. Mailing Address: **SAME**
22. City & State: **Tallahassee, FL**
23. Zip: **32303** Country: **USA**

3. Date Incorporated or Qualified: **02/13/1997**
4. FEI Number: **59-3425298**
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent:
**COLLINS, JOHN
3332 THOMAS BUTLER ROAD
TALLAHASSEE FL 32308**

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 607.002 and 607.508, 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 607.005, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JOHN A	1.2 NAME	900002561709-4
STREET ADDRESS	3332 THOMAS BUTLER ROAD	1.3 STREET ADDRESS	-06/16/98--01110--015
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, CORNELIA W	2.2 NAME	
STREET ADDRESS	3332 THOMAS BUTLER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, KEITH	3.2 NAME	Robert Pumphrey D
STREET ADDRESS	2305 KILLEARN CENTER BLVD., STE. D-75	3.3 STREET ADDRESS	115 Boardwalk lane
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, AMANDA	4.2 NAME	
STREET ADDRESS	2305 KILLEARN CENTER BLVD., STE. D-75	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	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 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: *[Signature]*

CR2E034 (10/97)