

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

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

FILED

98 JUN 11 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1997

4. FEI Number

59-3425298

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 5554 B NW Capital Circle

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Tallahassee, FL

Zip

24 32303

Country

25 USA

27 City & State

28

Zip

29

Country

30

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

FL

85 Zip Code

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 typed or printed (must be legible and must be of applicant)

(NOTE: Registered Agent's signature required when resigning)

DATE

4/27

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D COLLINS, JOHN A
STREET ADDRESS 3332 THOMAS BUTLER ROAD
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ DELETE

NAME D COLLINS, CORNELIA W
STREET ADDRESS 3332 THOMAS BUTLER ROAD
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☒ DELETE

NAME D ROGERS, KEITH
STREET ADDRESS 2305 KILLEARN CENTER BLVD., STE. D-75
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☒ DELETE

NAME D ROGERS, AMANDA
STREET ADDRESS 2305 KILLEARN CENTER BLVD., STE. D-75
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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

CR2E034 (10/97)