

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000050056

**Entity Name:** COMMUNICATION CONSTRUCTION SERVICES, INC.

**Current Principal Place of Business:**

4400 P.G.A. BLVD.  
SUITE 200  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4400 P.G.A. BLVD.  
SUITE 200  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 65-0767680

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPILLERS, SUZANNE  
4400 P.G.A. BLVD.  
SUITE 200  
PALM BEACH GARDENS, FL 33410 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SPILLERS, SUZANNE  
Address 4400 P.G.A. BLVD. SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D  
Name SPILLERS, SUZANNE  
Address 4400 P.G.A. BLVD. SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D  
Name SPILLERS, RANDALL  
Address 4400 P.G.A. BLVD. SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title SVP  
Name SPILLERS, RANDALL  
Address 4400 P.G.A. BLVD. SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title EVP  
Name EVARD, TIMOTHY W  
Address 4400 P.G.A. BLVD. SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33410

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUZANNE SPILLERS

**PRESIDENT**

**04/28/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date