

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **349993** (6)

1. Corporation Name
TECH-COH COMMUNICATIONS CORPORATION



Principal Place of Business: 6327 BAHAMA SHORES DRIVE SOUTH, P. O. BOX 16973, ST. PETERSBURG FL 33705-5437, US
Mailing Address: 6327 BAHAMA SHORES DRIVE SOURHT, P. O. BOX 16973, ST. PETERSBURG FL 33705-5437, US

3. Date Incorporated or Qualified: 07/29/1969
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1304016
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: 21 6327 Bahama Shrs Dr So, Suite, Apt #, etc., 22 St. Petersburg, FL, 23 33705-5437, 24 33705-5437, 25 US
2a. Mailing Address: 26 6327 Bahama Shrs Dr So, State, Apt #, etc., 27 St. Petersburg, FL, 28 33705-5437, 29 33705-5437, 30 US

9. Name and Address of Current Registered Agent: HAYES, PAUL T, 6327 BAHAMA SHORES DRIVE S, ST PETERSBURG FL 705

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 607.0502 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Paul Hayes* 08/31/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	HAYES, PAUL T	11 TITLE:	
NAME:	6327 BAHAMA SHORES DRIVE S	12 NAME:	
STREET ADDRESS:	ST PETERSBURG FL	13 STREET ADDRESS:	
CITY- ST- ZIP:	VD	14 CITY- ST- ZIP:	
TITLE:	HARBAUGH, KAREN T.	21 TITLE:	
NAME:	1255 CC ROAD	22 NAME:	
STREET ADDRESS:	KINGSTON SPRINGS TN	23 STREET ADDRESS:	
CITY- ST- ZIP:	STD	24 CITY- ST- ZIP:	
TITLE:	HAYES, J.R.	31 TITLE:	
NAME:	6327 BAHAMA SHORES DRIVE S	32 NAME:	
STREET ADDRESS:	ST PETERSBURG FL	33 STREET ADDRESS:	
CITY- ST- ZIP:		34 CITY- ST- ZIP:	
TITLE:		41 TITLE:	
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY- ST- ZIP:		44 CITY- ST- ZIP:	
TITLE:		51 TITLE:	
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY- ST- ZIP:		54 CITY- ST- ZIP:	
TITLE:		61 TITLE:	
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY- ST- ZIP:		64 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 119.07(9)(k), 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: *Paul Hayes* Paul T. Hayes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96 (813) 867-8330
DATE TIME OF FILING #

CR2E034 (12/96)