

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** 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: 21 **6327 Bahama Shrs Dr So** 22 **St. Petersburg, FL** 23 **33705-5437** 24 **US**
2a. Mailing Address: 26 **6327 Bahama Shrs Dr So** 27 **St. Petersburg, FL** 28 **33705-5437** 29 **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* 05/31/96
Signature of Registered Agent (Typed or Printed Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, PAUL T	12 NAME	
STREET ADDRESS	6327 BAHAMA SHORES DRIVE S	13 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	14 CITY-ST-ZIP	
TITLE	VD	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARBAUGH, KAREN T.	16 NAME	
STREET ADDRESS	1255 CC ROAD	17 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON SPRINGS TN	18 CITY-ST-ZIP	
TITLE	STD	19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, J.R.	20 NAME	
STREET ADDRESS	6327 BAHAMA SHORES DRIVE S	21 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	22 CITY-ST-ZIP	
TITLE		23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY-ST-ZIP		26 CITY-ST-ZIP	
TITLE		27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY-ST-ZIP		30 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		35 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		36 NAME	
STREET ADDRESS		37 STREET ADDRESS	
CITY-ST-ZIP		38 CITY-ST-ZIP	
TITLE		39 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		40 NAME	
STREET ADDRESS		41 STREET ADDRESS	
CITY-ST-ZIP		42 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 of Filing #

CR2E034 (12/96)