

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* **Paul Hayes** **3/27/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAYES, PAUL T	
STREET ADDRESS	6327 BAHAMA SHORES DRIVE S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARBAUGH, KAREN T.	
STREET ADDRESS	1255 CC ROAD	
CITY-ST-ZIP	KINGSTON SPRINGS TN	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HAYES, J.R.	
STREET ADDRESS	6327 BAHAMA SHORES DRIVE S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35 TITLE	
36 NAME	
37 STREET ADDRESS	
38 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)