

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90069 017 ***150.00

DOCUMENT # 367658

1. Corporation Name

ITS TELECOMMUNICATIONS SYSTEMS, INC.

Principal Place of Business

WARFIELD BLVD.
POST OFFICE BOX 277
INDIANTOWN FL 34956-0277

Mailing Address

WARFIELD BLVD.
POST OFFICE BOX 277
INDIANTOWN FL 34956-0277

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1970

4. FEI Number

13-2663101

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POST, ROBERT M. JR.
16001 S.W. MARKET ST
INDIANTOWN FL 34956

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME POST, JR., ROBERT M.
STREET ADDRESS 16001 S.W. MARKET STREET
CITY-ST-ZIP INDIANTOWN FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME LESLIE, JERRREY S
STREET ADDRESS 15925 SW WARFIELD BLVD.
CITY-ST-ZIP INDIANTOWN FL 34956

1.2 NAME ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME POST, LINDA M
STREET ADDRESS 16001 SW MARKET ST
CITY-ST-ZIP INDIANTOWN FL 34956

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE SD ☒ DELETE

NAME GENTRY, ELIZABETH A.
STREET ADDRESS WEST FARMS RD
CITY-ST-ZIP INDIANTOWN FL

1.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.5 CITY-ST-ZIP ☐ Change ☐ Addition

2.6 CITY-ST-ZIP ☐ Change ☐ Addition

2.7 CITY-ST-ZIP ☐ Change ☐ Addition

2.8 CITY-ST-ZIP ☐ Change ☐ Addition

2.9 CITY-ST-ZIP ☐ Change ☐ Addition

2.10 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE

Jeffrey S. Leslie V.P.

1/12/99

561597-2104

Typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)