

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **404868** (2)  
1. Corporation Name  
**TELECOMMUNICATION ASSOCIATES, INCORPORATED**



Principal Place of Business Mailing Address  
**WEST HIGHWAY 44**  
**P.O. BOX 596**  
**LEESBURG FL 34788**  
**PO BOX 308**  
**HOMOSASSA SPRINGS FL 34447**  
**US**

3. Date Incorporated or Qualified **07/13/1972** 3a. Date of Last Report **05/10/1995**  
4. FEI Number **59-1410379** 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 2a. Mailing Address  
21 **4301 BLUE WATER PT** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
23 **HOMOSASSA SPRINGS** 27  
City & State City & State  
24 **FL 34446** 25 **USA** 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**SINCLAIR, ALBERT R.**  
**ONE BLUE WATER POINT**  
**HOMOSASSA SPRINGS FL 32847**  
**34446**

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 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                      | <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PD</b>                       | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>SINCLAIR, ALBERT R.</b>      | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>ONE BLUE WATER POINT</b>     | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>STD</b>                      | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>SINCLAIR, ILSE H.</b>        | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>ONE BLUE WATER POINT</b>     | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D</b>                        | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>GREEN, W. T.</b>             | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>9030 WEST FT ISLAND TR</b>   | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 6.4 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(3)(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

*Ilse H. Sinclair*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ILSE H. SINCLAIR**

Date

Daytime Phone #

**904-688-8284**

CR2E034 (12/95)