

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 # 471716 (1)

1. Corporation Name

STERLING COMMUNICATIONS CORPORATION



Principal Place of Business

Mailing Address

300 WEST TENNESSEE STREET
P. O. BOX 1874
TALLAHASSEE FL 32302

300 WEST TENNESSEE STREET
P. O. BOX 1874
TALLAHASSEE FL 32302

3. Date Incorporated or Qualified
03/20/1975

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21 2500 Airport Rd., South
Suite, Apt. #, etc.

26 P.O. Box 14369
Suite, Apt. #, etc.

4. FEI Number

59-1705629

Applied For
Not Applicable

22 Suite 211
City & State

27
City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 Naples, FL
Zip

28 Tallahassee, FL
Zip

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 33962

Country
USA

29 32317

Country
USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TIMM, B. F. J.
300 WEST TENNESSEE STREET
TALLAHASSEE FL 32302

81 Name

Bruce B. Timm

82 Street Address (P.O. Box Number is Not Acceptable)

3370 Capital Circle, NE Suite I

83

84 City

Tallahassee

FL

85 Zip Code
32308

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

Bruce B. Timm

1-26-96

DATE

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

1.1 TITLE ☐ DELETE

NAME
PD
TIMM, BRUCE B.
STREET ADDRESS
300 W. TENNESSEE STREET
CITY-ST-ZIP
TALLAHASSEE, FL 00000

1.2 TITLE ☐ DELETE

NAME
STD
TIMM, JAN BETH
STREET ADDRESS
300 W. TENNESSEE STREET
CITY-ST-ZIP
TALLAHASSEE, FL 00000

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
3370 Capital Circle, NE Suite I
Tallahassee, FL 32308

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3370 Capital Circle, NE Suite I
Tallahassee, FL 32308

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Bruce B. Timm, President

1-26-96

904-385-8818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)