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

## **FILED** May 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (1)STERLING COMMUNICATIONS CORPORATION Principal Place of Business Mailing Address 2500 AIRPORT ROAD, SOUTH P.O. BOX 14369 TALLAHASSEE FL 32317 DO NOT WRITE IN THIS SPACE NAPLES FL 33962 3. Date Incorporated or Qualified 03/20/1975 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1705629 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25] 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BRUCE B. TIMM 3370 CAPITAL CIRCLE NE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 1 83 TALLAHASSEE FL 32308 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE 1.1 TITLE TIMM, BRUCE B. NAME 1 2 NAME 3370 CAPITAL CIPLCE NE, SUITE 1 STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE STD DELETE Change ☐ Addition TIMM, JAN BETH NAME 3370 CAPITAL CIRCLE NE, SUITE 1 STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE

6.4 CITY-ST-ZIP CITY-ST-ZIP 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

**63 STREET ADDRESS** 

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY - ST - ZIP

STREET ADDRESS

DELETE

DELETE

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Change

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