

FILED

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Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 544110

1. Corporation Name

PUBLIC COMMUNICATIONS INC.



Principal Place of Business

Mailing Address

707 FRANKLIN ST MALL 6TH FLOOR  
TAMPA FL 33602707 FRANKLIN ST MALL 6TH FLOOR  
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1977

4. FEI Number

59-1767490

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

STRENSKI, JAMES B  
10114 LAKE COVE LANE  
TAMPA FL 33618

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

1.1 TITLE ☐ DELETENAME ST  
STREET ADDRESS 9943 S WINDCHESTER  
CITY-ST-ZIP CHICAGO, ILL 606431.2 NAME ☐ DELETEP  
NAME FRANKOWIAK JAMES R  
STREET ADDRESS 3903 SABAL PALM CT.  
CITY-ST-ZIP BRANDON FL1.3 NAME ☐ DELETEC  
NAME STRENSKI, JAMES B.  
STREET ADDRESS 10114 LAKE COVE LANE  
CITY-ST-ZIP TAMPA FL1.4 NAME ☐ DELETESr. Vice President  
NAME Suzanne L. Boland  
STREET ADDRESS 3533 Shadowood Dr.  
CITY-ST-ZIP Valrico, FL 335941.5 NAME ☐ DELETEV.P.  
NAME Arthur W. Frederick  
STREET ADDRESS 234 Jeani Street  
CITY-ST-ZIP Palm Harbor FL 346831.6 NAME ☐ DELETESTREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(f), 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: *Suzanne L. Boland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

Date

813-226-2772

Daytime Phone

CR2E034 (11/98)