

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90209 015 ***150.00

DOCUMENT # 561765

1. Corporation Name
TECHNICAL COMMUNICATIONS GROUP, INC.



Principal Place of Business
P O BOX 941335
MAITLAND FL 32794-8335

Mailing Address
P O BOX 941335
MAITLAND FL 32794-8335
941360
32794-1360

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1978

4. FEI Number

59-1808932

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

21 403 BarclAY Ave

Suite, Apt. #, etc.

22 City & State

23 Altamonte Spgs, Fl

24 32701 Country

25 Seminole

2a. Mailing Address

26 P.O. Box 941360

Suite, Apt. #, etc.

27 City & State

28 Maitland, FL 32794-1360

29 32794 Country

30 Seminole

9. Name and Address of Current Registered Agent

WILLIAMS, W DUANE
604-114 CHESTNUT OAK CIR.
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name

Williams, W. Duane

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

403 Barclay Ave

83

Altamonte Springs

84 City

FL

85 Zip Code

32701

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

TITLE S ☐ DELETE
NAME WILLIAMS, JACQUALIN E.
STREET ADDRESS 604114 CHESTNUT OAK CIR
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE PT ☐ DELETE
NAME WILLIAMS, W DUANE
STREET ADDRESS 604114 CHESTNUT OAK CIR
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☐ Addition
1.2 NAME Williams, Jacquelin E.
1.3 STREET ADDRESS 403 Barclay Avenue
1.4 CITY-ST-ZIP Altamonte Springs, FL 32701

2.1 TITLE PT ☐ Change ☐ Addition
2.2 NAME Williams, W. Duane
2.3 STREET ADDRESS 403 Barclay Avenue
2.4 CITY-ST-ZIP Altamonte Springs, FL 32701

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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)(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:

WILLIAMS, W DUANE Williams

Date

Daytime Phone #

907-831-2235

CR2E034 (11/98)