

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

DOCUMENT # 606040

1. Corporation Name

COMMUNICATIONS DEVICES INCORPORATED

Principal Place of Business

1605 VLIAGE WAYUE  
ORANGE PARK FL 32073

Mailing Address

1605 VILLAGE WAY8  
ORANGE PARK FL 32073  
US

FILED  
Feb 16, 1999 8:00am  
Secretary of State

02-16-1999 90051 009 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1979

4. FEI Number

59-1880708

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARCHAMBAULT, PATRICIA A.  
1605 VILLAGE WAY  
ORANGE PARK FL 32073

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 S ☐ DELETE

NAME RICHARDSON, CAROL A  
STREET ADDRESS 208 SYLVAN RD  
CITY-ST-ZIP HAYESVILLE, NC 00000

1.1 TITLE ☐ Change ☐ Addition

TITLE PTD ☐ DELETE

NAME RICHARDSON, ROBERT H  
STREET ADDRESS P.O. BOX 1 (N/A)  
CITY-ST-ZIP YOUNG HARRIS GA

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME RICHARDSON, TROY B  
STREET ADDRESS RT. 1, BOX 12-B  
CITY-ST-ZIP HAYESVILLE, NC 00000

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BIEDERMAN, TAMARA D  
STREET ADDRESS 1806 SUMMIT WALK DR.  
CITY-ST-ZIP MARIETTA GA 30067

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME RICHARDSON, TRACY R  
STREET ADDRESS 2011 QUEENSBURY DR  
CITY-ST-ZIP ACKWORTH GA

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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:

*Robert Richardson* **RED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99  
Date

828-389-9574  
Daytime Phone #

CR2E034 (11/98)