

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. *
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

AMERCOM FINANCIAL SERVICES, INC.

Principal Place of Business

P.O. Box 7444
Sarasota, FL 34278

Mailing Address

P.O. Box 7444
Sarasota, FL 34278

3. Date Incorporated or Qualified
03/05/1981

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

4. FEI Number
59-2686485

Apply 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 has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GEITHMAN, THEODORE W
14124 S. TAMiami TR.
NORTH PORT, FL 34287

10. Name and Address of New Registered Agent

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 607.1506, 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 (not a photocopy) of registered agent or director (if not a registered agent, signature is not required when registering)

(If not a registered agent, signature is not required when registering)

Date

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

NAME
DENNIS, JERRY D
STREET ADDRESS
4533 CHIMNEY CREEK DR.
CITY-ST-ZIP
SARASOTA, FL 34235

12.2 TITLE ☐ DELETE

NAME
DENNIS, NANCY J
STREET ADDRESS
4533 CHIMNEY CREEK DR.
CITY-ST-ZIP
SARASOTA, FL 34235

12.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

12.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

12.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

12.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-ST-ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-ST-ZIP

13.29 TITLE ☐ Change ☐ Addition

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY-ST-ZIP

13.33 TITLE ☐ Change ☐ Addition

13.34 NAME

13.35 STREET ADDRESS

13.36 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)(b), Florida Statutes. I further certify that the information contained on this annual report or supplement to 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 617, Florida Statutes, and if my name appears in Block 12 or Block 13, it is changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY D. DENNIS

7/23/96

(941)377-9558

CR2E034 (3/96)