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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F84810 (3)

1. Corporation Name
T-COMM., INC.



Principal Place of Business

7808 N NEBRASKA AVE
P.O. BOX 8436
TAMPA FL 33674

Mailing Address

7808 N NEBRASKA AVE
P.O. BOX 8436
TAMPA FL 33674-8436

2. Principal Place of Business

21 7808 N. NEBRASKA AVE.

Suite, Apt. #, etc.

22 City & State
Tampa, FL

24 Zip 33604

Country

2a. Mailing Address

26 P.O. Box 8436

Suite, Apt. #, etc.

27 City & State
Tampa, FL

28 Zip 33674

Country

3. Date Incorporated or Qualified

06/10/1982

3a. Date of Last Report

04/16/1996

4. FEI Number

59-2236438

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

KNIRIMEN, CHARLES E.
8630 LEIGHTON DRIVE
TAMPA, FL
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

Laurie L. Knirimen

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

83 9919 Bridgeton Dr

84 City

Tampa

FL

85 Zip Code

33626

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: *Laurie L. Knirimen* LAURIE L. KNIRIMEN President 4/17/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME KNIRIMEN, CHARLES E
STREET ADDRESS 8630 LEIGHTON DR.
CITY-ST-ZIP TAMPA, FL 00000

TITLE VD ☒ DELETE
NAME COMPTON, MICHAEL
STREET ADDRESS 8624 LEIGHTON DR
CITY-ST-ZIP TAMPA, FL 00000

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 C/O ☒ Change ☐ Addition
1.2 NAME Betty A. Knirimen
1.3 STREET ADDRESS 9845 BRIDGETON DRIVE
1.4 CITY-ST-ZIP Tampa, FL 33626

2.1 TITLE P/S/T/D ☒ Change ☐ Addition
2.2 NAME LAURIE L. KNIRIMEN
2.3 STREET ADDRESS 9919 BRIDGETON DRIVE
2.4 CITY-ST-ZIP Tampa, FL 33626

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 do 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.

SIGNATURE: *Laurie L. Knirimen* LAURIE L. KNIRIMEN President 4/17/97 813-237-1269
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)