

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

85 MAY -1 AM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005785 (1)

1. Corporation Name

HANOVER G.P., INC.

Principal Place of Business

5847 SAN FELIPE
SUITE 3900
HOUSTON TX 77057

Mailing Address

5847 SAN FELIPE
SUITE 3900
HOUSTON TX 77057

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

12/21/1993

3a. Date of Last Report

03/03/1994

4. FCI Number

76-0421323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.03?

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

Suite 3600

22

City & State

23

Zip

Country

26. Mailing Address

26

Suite, Apt. #, etc.

Suite 3600

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.06(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of 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 Sections 607.05(2), Florida Statutes.

SIGNATURE

(Signature of person who prepared and filed this report)

(Signature of Registered Agent or person authorized to act as such)

(Date)

12. OFFICERS AND DIRECTORS

NAME	NAME
D BERGERON, B D	1. NAME
5847 SAN FELIPE, STE 3900	2. NAME
HOUSTON TX	3. STREET ADDRESS
HOUSTON TX	4. CITY, ST, ZIP
D BOWDEN, J M	5. NAME
5847 SAN FELIPE, STE 3900	6. NAME
HOUSTON TX	7. STREET ADDRESS
HOUSTON TX	8. CITY, ST, ZIP
PT THOMPSON, MICHAEL D	9. NAME
5847 SAN FELIPE, STE 3900	10. NAME
HOUSTON TX	11. STREET ADDRESS
HOUSTON TX	12. CITY, ST, ZIP
V PETERS, MARY	13. NAME
5847 SAN FELIPE, STE 3900	14. NAME
HOUSTON TX	15. STREET ADDRESS
HOUSTON TX	16. CITY, ST, ZIP
V STEINHOFF, THOMAS P	17. NAME
5847 SAN FELIPE, STE 3900	18. NAME
HOUSTON TX	19. STREET ADDRESS
HOUSTON TX	20. CITY, ST, ZIP
V WHITEWORTH, BILL	21. NAME
5847 SAN FELIPE, STE 3900	22. NAME
HOUSTON TX	23. STREET ADDRESS
HOUSTON TX	24. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	NAME
Director/Co-Chairman	1. NAME
Suite 3600	2. NAME
Suite 3600	3. STREET ADDRESS
Suite 3600	4. CITY, ST, ZIP
Director/Co-Chairman	5. NAME
Suite 3600	6. NAME
Suite 3600	7. STREET ADDRESS
Suite 3600	8. CITY, ST, ZIP
President/Secretary	9. NAME
Suite 3600	10. NAME
Suite 3600	11. STREET ADDRESS
Suite 3600	12. CITY, ST, ZIP
Treasurer	13. NAME
Buchanan, BO	14. NAME
5847 San Felipe, Suite 3600	15. STREET ADDRESS
Houston, TX 77057	16. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. Further, I 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 person or person 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, on an annual report with an address.

SIGNATURE:

Bo Buchanan, Treas.

4/21/95

713/267-2100

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ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
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5:40

DOCUMENT # P93000000975 (1)

1. Corporation Name

SUN COAST COMMUNICATION SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

3019 BLANDING BLVD
JACKSONVILLE FL 32210
US 32244

P O BOX 7250
JACKSONVILLE FL 32238

(Do not write in this space)

3. Date of Incorporation (Incorporated)

3a. Date of Last Report

01/07/1993

04/26/1994

4. FID Number

Applied Fee

59-3153815

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. Does corporation have liability for information disclosed by the SEC?
If so, indicate the amount of liability.

☒

Yes

No

2. Principal Place of Business

2a. Mailing Address

21. State of Incorporation

26. State of Incorporation

22. State of Incorporation

27. State of Incorporation

23. State of Incorporation

28. State of Incorporation

24. State of Incorporation

25. State of Incorporation

29. State of Incorporation

30. State of Incorporation

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHEATHAM, JAMES C
8160-1 BROOKS DR
JACKSONVILLE FL 32244

81. Name

82. Street Address (P.O. Box Number or Not Applicable)

83.

84. City

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein, and that I am duly qualified to act as a registered agent for the corporation named herein, and that I am duly qualified to act as a registered agent for the corporation named herein.

SIGNATURE

By the undersigned, agent for the corporation

Signature

12.

NAME OF ANTI-CORRUPTION

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME

DP
CHEATHAM, JAMES C
8160-1 BROOKS DR
JACKSONVILLE FL 32244

NAME

ST
CHEATHAM, LEE S
8160-1 BROOKS DRIVE
JACKSONVILLE FL

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JACKSONVILLE FL

SIGNATURE: *James C. Cheatham* JAMES C. CHEATHAM

3-24-95

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR