

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F9400000788 (9)**

1. Corporation Name

**PROFESSIONAL COMMUNICATIONS MANAGEMENT SERVICES, INC.**



Principal Place of Business

ROUTE 3, BOX 69G  
BRUCETON MILLS WV 26526

Mailing Address

ROUTE 3, BOX 69G  
BRUCETON MILLS WV 26526

2. Principal Place of Business

2a. Mailing Address

21	26
22	27
23	28
24	29
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
02/17/1994	03/21/1995
4. FET Number	Applied For / Not Applicable
31-1186986	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, Name, Title, Address, and City, State, and Zip Code of Registered Agent

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISLER, LARRY	12. NAME	
STREET ADDRESS	RT 3 BOX 69G	13. STREET ADDRESS	
CITY, ST, ZIP	BRUCETON HILLS WV	14. CITY, ST, ZIP	
TITLE	VST	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIKER, KAREN	22. NAME	VST
STREET ADDRESS	C O A&A REALTY P O BOX 515	23. STREET ADDRESS	DONALD FRAZEE
CITY, ST, ZIP	MCHENRY MD	24. CITY, ST, ZIP	RT. 3, Box 69 G
TITLE		25. CITY, ST, ZIP	BRUCETON MILLS, WV 26525
NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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)(k), 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, change 1, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Sisler

3-15-96

304-379-2238

Date

Original Filing #

CR2E034 (12/95)