

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 # F94000004479

1. Corporation Name

TOUCH 1 COMMUNICATIONS, INC.

Principal Place of Business  
100 BROOKWOOD DRIVE  
ATMORE AL 36502

Mailing Address  
PO BOX 10751  
ATMORE AL 36504  
US

FILED

99 AUG 19 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1994

4. FEI Number

63-1125463

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

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

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

9. Name and Address of Current Registered Agent

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

11. Pursuant to the provisions of Sections 607.02 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 of registered agent and title if applicable

Conne Bry

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

8/16/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME CORMAN, JAMES F  
STREET ADDRESS 100 BROOKWOOD RD  
CITY-ST-ZIP ATMORE AL

11. TITLE ☐ Change ☐ Addition

12. NAME  
13. STREET ADDRESS  
14. CITY-ST-ZIP

TITLE ☐ DELETE

NAME CORMAN, W F  
STREET ADDRESS 100 BROOKWOOD DRIVE  
CITY-ST-ZIP ATMORE AL 36502

21. TITLE ☐ Change ☐ Addition

22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP

TITLE ☐ DELETE

NAME DAVIS, TREY  
STREET ADDRESS 100 BROOKWOOD RD  
CITY-ST-ZIP ATMORE AL 36502

31. TITLE ☐ Change ☐ Addition

32. NAME  
33. STREET ADDRESS  
34. CITY-ST-ZIP

TITLE ☐ DELETE

NAME MILLER, J R III  
STREET ADDRESS 100 BROOKWOOD DRIVE  
CITY-ST-ZIP ATMORE AL 36502

41. TITLE ☐ Change ☐ Addition

42. NAME  
43. STREET ADDRESS  
44. CITY-ST-ZIP

TITLE ☒ DELETE

NAME MICHAELS, DAVE  
STREET ADDRESS 100 BROOKWOOD RD  
CITY-ST-ZIP ATMORE AL 36502

51. TITLE ☒ Change ☐ Addition

52. NAME  
53. STREET ADDRESS  
54. CITY-ST-ZIP

TITLE ☒ DELETE

NAME KATHY HAWKINS  
STREET ADDRESS 100 BROOKWOOD RD  
CITY-ST-ZIP ATMORE AL

61. TITLE ☐ Change ☐ Addition

62. NAME  
63. STREET ADDRESS  
64. 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:

JAMES F. CORMAN

JAMES F. CORMAN

8/16/99

334-368-8600

Date

Daytime Phone #

CR 200 11/98