FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000006342 (9)**

1. Corporation Name

EASTON TELECOM SERVICES INC

Principal Place of Business	Mailing Address
4615 W. STREETSBORO RD., #210 RICHFIELD OH 44286	4615 W. STREETSBORO RD., #210 RICHFIELD OH 44286

2. Principal Place of Business 21 3046 BRECKSVILLE RD Suite, Apt. #, etc. 22 RICHFIELD City & State 23 OH Zip 24 44286 Country 25 SUMMIT	2a. Mailing Address 26 PO BOX 432 Suite, Apt. #, etc. 27 RICHFIELD City & State 28 OH Zip 29 44286 Country 30 SUMMIT

3. Date Incorporated or Qualified: **12/13/1994**

3a. Date of Last Report: **07/05/1995**

4. FEI Number: **34-1713206** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$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**

SIMPSON, LARRY D ESQ
1102 N. GADSDEN ST.
TALLAHASSEE FL 32303

10. **Name and Address of New Registered Agent**

81 Name

82 [illegible] (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and date. Date is required. NOTE: Registered Agent's signature required for electronic filing.

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	MOCAS, ROBERT E	
STREET ADDRESS	291 TIMBERLANE RD.	
CITY-ST-ZIP	NORTHFIELD OH 44067	
TITLE	VS	☐ DELETE
NAME	MOCAS, HEIDI H	
STREET ADDRESS	291 TIMBERLANE RD.	
CITY-ST-ZIP	NORTHFIELD OH 44067	
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.

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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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)(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: Heidi Mocas HEIDI MOCAS 3/7/96 (216) 659-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR