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Apr 04 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 # F95000003745 (5)

1. Corporation Name
RA-DA-TEL COMMUNICATIONS, COMPANY

Principal Place of Business

220 INTERCHANGE DR NE #107
PALM BAY FL 32907

Mailing Address

220 INTERCHANGE DR NE #107
PALM BAY FL 32907-5521

431 AINSLEY ST. SE 431 AINSLEY ST. SE
PALM BAY, FL 32909 PALM BAY, FL 32909

2. Principal Place of Business

21 431 AINSLEY ST. SE
Suite, Apt. #, etc.

2a. Mailing Address

26 431 AINSLEY ST. SE
Suite, Apt. #, etc.

City & State

23 PALM BAY, FL
Zip

City & State

28 PALM BAY, FL
Zip

24 32909

25 BREVARD

29 32909

30 BREVARD

9. Name and Address of Current Registered Agent

MCCAIN, ROYCE E
220 INTERCHANGE DR NE #107
PALM BAY FL 32907

3. Date Incorporated or Qualified

08/02/1995

3a. Date of Last Report

02/20/1996

4. FEI Number

63-1010284

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

10. Name and Address of New Registered Agent

81 Name

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

83 431 AINSLEY ST. SE

84 City

PALM BAY

FL

85 Zip Code

32909

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

Signature: Special period name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MCCAIN, ROYCE E
STREET ADDRESS 220 INTERCHANGE DR NE #107
CITY-ST-ZIP PALM BAY FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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:

Signature and Typed or Printed Name of Signing Officer or Director

3-29-97 (407) 728-4329

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CR2E034 (9/96)