

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 # **F97000006039**

1. Corporation Name

MOBILE COMMUNICATION SOLUTIONS, INC.

Principal Place of Business
**2500 NW 10TH ST., STE 101
OCALA FL 34475**

Mailing Address
**2500 NW 10TH ST., STE 101
OCALA FL 34475**

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90134 045 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1997

4. FEI Number

59-3405709

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 6119**

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

Ocala, FL

30 Country

USA

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **CLAPP, J. DAVID**
STREET ADDRESS **2500 NW 10TH ST., STE. 101**
CITY-ST-ZIP **OCALA FL 34475**

TITLE **V** ☒ DELETE
NAME **COOK, CRIT J**
STREET ADDRESS **2500 NW 10TH ST., STE 101**
CITY-ST-ZIP **OCALA FL 34475**

TITLE **V** ☐ DELETE
NAME **MARTEL, ELLEN M**
STREET ADDRESS **2500 NW 10TH ST., STE 101**
CITY-ST-ZIP **OCALA FL 34475**

TITLE **D** ☐ DELETE
NAME **TED ORLANDO**
STREET ADDRESS **BARKUS CAPITAL 11 STONEHENGE LANE**
CITY-ST-ZIP **EAST NORTHPORT NY 11731**

TITLE **D** ☒ DELETE
NAME **JOE WYNNE**
STREET ADDRESS **COMMONWEALTH ASSOC. 830 THIRD AVE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **D** ☒ DELETE
NAME **ROBERT TUCKER**
STREET ADDRESS **405 TOWNSEND PLACE**
CITY-ST-ZIP **ATLANTA GA 30327**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Chief Executive Officer**
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 **Chief Operations Officer**
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 6, 1999 (352) 401-1800
Daytime Phone #

CR2E034 (1/98)