FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G19767** **(4)**

1. Corporation Name

TELEQUIP COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
17707 CR 448 MT DORA FL 32751 US	PO BOX 487 LAKE JEM FL 32745 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/21/1983**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business
21 22705 CAROLYN LN
22 Suite, Apt. #, etc.
23 City & State: ASTATULA FL
24 Zip: 32755
25 Country: US

2a. Mailing Address
26 PO BOX 156
27 Suite, Apt. #, etc.
28 City & State: MT DORA FL
29 Zip: 32757
30 Country: US

4. FEI Number: **59-2334645** ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HENDERSON, WILLIAM H
17707 CR 448
MT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 22705 CAROLYN LN
83
84 City: ASTATULA **FL** 85 Zip Code: 32755

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 title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DPS	☒ Change ☐ Addition
NAME	HENDERSON, WILLIAM H	1.2 NAME	HENDERSON, WILLIAM H	
STREET ADDRESS	17707 CR 448	1.3 STREET ADDRESS	22705 CAROLYN LN	
CITY-ST-ZIP	MT DORA, FL 00000	1.4 CITY-ST-ZIP	ASTATULA FL 32755	
TITLE	DS	2.1 TITLE		☒ Change ☐ Addition
NAME	HENDERSON, PHYLLIS J	2.2 NAME		
STREET ADDRESS	17707 CR 448	2.3 STREET ADDRESS		
CITY-ST-ZIP	MT DORA, FL 00000	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: William H Henderson WILLIAM H HENDERSON 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

041700 FP