FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G19767 TELEQUIP COMMUNICATIONS, INC.

(4)

FILED Apr 07 1998 8:00am Secretary of State



ŀ								
Principal Place of Business Mailing Address					I IFF!!!! \$80! !!!!! !B!!! FOR!E \$!!!! !	101 BLOIT BLOIT BIEIT O	ABIT BLOCK BLEEF TOES	
22705 CAROLYN LN P. O. BOX 156 ASTATULA FL 32755 MT DORA FL 32757 US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					01/21/1983			
2. Principal P	face of Business	2a, Mailing Address 26	iling Address		4. FEI Number 59-2334645		Applied For Not Applicable	
Suite, Apt.	#, etc	Suite, Apr. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		3.75 Additional Fee Required	
City & State	e	City & State	P=1 1		Election Campaign Financing Trust Fund Contribution		5.00 May Be	
Zip	hen ' hen '		Countr	у	8. This corporation owes or has paid the current year Intangible			
24			30		Personal Property Tax due June 30. X Yes No			
9. Name and Address of Current Registered Agent HENDERSON WILLIAM H 81 Name					10. Name and Address of New Registered Agent			
HENDERSON, WILLIAM H				Name				
22705 CAROLYN LANE ASTATULA FL 32755			82	Street Add	ress (P.O. Box Number is Not Accepta	ible)		
ASTATULA PL 32700			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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Barranian a mara ya kana kana kana						***************************************	
Signature Typest or protect many of requirement a year and other trapple at it. (NOTE R 12. OF FIGURES AND DRICTORS			13.	ont signaturo tequi	red when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE	CTORS IN 12	
TOTLE	DPS	DELETE 1.1 T			ADDITIONO/OFFIAINGED TO OFFI		hange Addition	
NAME	HENDERSON, WILLIAM H		1.2 NAME					
STREET ADDRESS	22705 CAROLYN LANE		1.3 STREE	T ADDRESS			,	
CITY-ST-ZIP	ASTATULA FL		1.4 C/TY-	ST - ZIP				
TITLE	S DELETE		2 1 TITLE			☐ Ci	hange 🔲 Addition	
NAME	HENDERSON, MONICA L		2.2 NAME					
STREET ADDRESS	701 STARBIRD ST Eustis Fl			r address			i	
CITY-ST-ZIP TITLE	E09119 FL		2. 4 CITY-	ST - ZIP			hanna Addition	
NAME			3.1 TITLE 3.2 NAME		•	. CI	hange L Addition	
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		3.4 CITY	· · · · · i				
TITLE			4.1 T(TLF	<u></u>		□ ci	hange Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	ADDRESS				
CITY-ST-ZIP			4.4 CITY- \$	ST-ZIP			ļ	
TITLE		☐ DELETE	5 1 TITLE			[_] CI	hange Addition	
NAME			5 2 NAME					
STREET ADDRESS			53 STREET	ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY-5	ST-ZIP		— 2	—	
TITLE		[] DELETE	61 TITLE	-		☐ Cr	hange 🔲 Addition	
NAME			62 NAME					
STREET ADDRESS			63 STREET	i			ļ	
CiTY-ST-ZiP	sortify that the information consilied we	the thire follows down not someth to	6.4 CITY - S		Section 110.07/2)(i) Election Statutos	1 6		

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 is expected 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.

W. H. HENDERSON

3 2 1 5 8 3 702 CGC 7

252-383-5957