

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 # G86491 (9)

1. Corporation Name

TELECOM SERVICES, INC.



Principal Place of Business

**5020 GUNN HWY
STE 220B
TAMPA FL 33624
US**

Mailing Address

**5020 GUNN HWY
STE 220B
TAMPA FL 33624
US**

3. Date Incorporated or Qualified
02/27/1984

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

21 **5020 Gunn Highway**

2a. Mailing Address

26 **5020 Gunn Highway**

4. FEI Number

59-2387341

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **Suite 210**

Suite, Apt. #, etc.

27 **Suite 210**

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 **Tampa, FL 33624**

City & State

28 **Tampa, FL 33624**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 **33624**

Country

25 **US**

Zip

29 **33624**

Country

30 **US**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILKINSON, BRUCE
5020 GUNN HWY
STE. 210
TAMPA FL 33624**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **WILKINSON, BRUCE W.**
CITY-ST-ZIP **5020 GUNN HWY STE 240**
TAMPA FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD**
1.3 STREET ADDRESS **Wilkinson, Bruce W.**
1.4 CITY-ST-ZIP **5020 Gunn Highway Ste 210**
Tampa, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Bruce W. Wilkinson **Bruce W. Wilkinson**

4-30-96

(813) 265-2630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)