

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H05480** (9)

1. Corporation Name

STRATA COMMUNICATIONS, INC.



Principal Place of Business

**120 GIM GONG RD STE 4
OLDSMAR FL 34677**

Mailing Address

**120 GIM GONG RD STE 4
OLDSMAR FL 34677**

2. Principal Place of Business

21 **120 COMMERCE BLVD.**

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **120 COMMERCE BLVD.**

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**RACKY, ELIZABETH ARNOLD
8800 BARDMOOR BLVD., #19
536 - 34TH AVE N
ST. PETERSBURG FL 33704**

3. Date Incorporated or Qualified

05/07/1984

3a. Date of Last Report

04/19/1995

4. FEI Number

59-2403520

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

DOUGLAS G. THOMPSON

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

11904 DERBYSHIRE DRIVE

83

84 City

TAMPA

FL

85 Zip Code

33626

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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]

[Signature]

4/24/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **STD SEIBERT, PENELOPE G.**
STREET ADDRESS **390 SILVER MOSS LANE**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE ☐ DELETE
NAME **PD SEIBERT, R. DALE**
STREET ADDRESS **390 SILVER MOSS LANE**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or liquidator of the corporation, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Dale Seibert

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

4/24/96 813-855-4804

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