SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 AM 9:01

DOCUMENT # **H26250** **(1)**

1. Corporation Name

TELCOM ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2 WINNEBAGO ROAD FT.LAUDERDALE FL 33308 US	2 WINNEBAGO ROAD FT.LAUDERDALE FL 33308 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1984	3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-2490466	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Finance (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	

2. Principal Place of Business	2a. Mailing Address
21 3611 W. Corona St	26 3611 W. Corona St
Suite, Apt. #, etc. 22 Tampa FL	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Tampa FL
Zip / Country 24 33629 / 25 USA	Zip / Country 29 33629 / 30 USA

9. Name and Address of Current Registered Agent

HOCOTT, PHILLIP A
2 WINNEBAGO RD
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: Skeith, Brian
82 Street Address (P.O. Box Number is Not Acceptable): 3611 W. Corona St
83
84 City: Tampa FL 85 Zip Code: 33629

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: B. Skeith 6/20/95
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	
TITLE	ST	11 TITLE	President ☒ Change ☐ Addition
NAME	HOCOTT, JOLENE A	12 NAME	Brian Skeith
STREET ADDRESS	2 WINNEBAGO RD	13 STREET ADDRESS	3611 W. Corona St
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	14 CITY-ST-ZIP	Tampa, FL 33629
TITLE	PD	21 TITLE	Secretary ☒ Change ☐ Addition
NAME	HOCOTT, PHILLIP A	22 NAME	Jacqueline C. Skeith
STREET ADDRESS	2 WINNEBAGO RD	23 STREET ADDRESS	3611 W. Corona St
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	24 CITY-ST-ZIP	Tampa, FL 33629
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: B. Skeith 6/20/95 813-857-2927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007L774 CP