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ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Mar 10 1997 8:00am

Secretary of State

3-5-97 904-825-6520

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H31873

(3)

ATLANTIC TELEPHONE WIRING, INC.

Principal Place of Business		Mailing Address			1087011 OLEO ILIAN ILOON FRATI LUFUU IRI	MINIS MINIS MINIS		
2836 KINGS RD ST. AUGUSTINE FL 32086 US		2836 KINGS RD ST. AUGUSTINE FL 32086-5484 US					•	
					3. Date Incorporated or Qualified 3a. Date of Last F 11/29/1984 04/18/1996			leport
2. Phnoipal Pi	lacc of Business	2a. Mailing Address			4. FEI Number	U4/10/		plied For
]		26			h-mand-min-in-man			t Applicabl∈
Suite, Apt. #, etc		Suite, Apt. #, etc.				□ \$	8.75 A	
]		27			5. Certificate of Status Desired	اسا	Fee Re	quired
City & State	9	City & State			6. Election Campaign Financing		\$5.00	May Be
		28			Trust Fund Contribution		Added to	o Fees
Zip n	Country	Zip	Country	ý	8. This corporation has liability for			199.032,
<u></u>	25   9. Name and Address of Cu	29	[30]		Florida Statutes L  10. Name and Address of New Re	Yes [X] N		
		mon negistered Agent	81	Name	IO. Marie Bilo Address Of New York	Blathing Uhr	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MASON, JOE D.								
	KINGS. RD.		82	Street Add	iress (P.O. Box Number is Not Acceptal	ole)		
SI.	AUGUSTINE FL 32086		83	<b>,</b>				
			84	City		FL  81	5 Zip C	Code
1 Parsi ant	to the previsions of Sections 697	7.0502 and 607.1508. Florida Sta	tutes the abov	e-named cor	poration submits this statement for the p	<u> </u>	l anging its	s registere
office or r	eastered agent, or both, in the \$	State of Florida. Such change wa	is authorized b	y the corpora	ition's board of directors. I hereby acce	pt the appoint	ment as	registered
agent La	m familiar with land accept the c	obligations of, Section 607.0505,	Florida Statute	S.				
IGNATURE	Standing typical or protect name of register	agent and title if applicable (*)	VOIE: Registered Ac	ent signature requ	ired when reinstating)	DATE		
	Signature Typed or protect name of registers OFFICE RS	ed agent and title if applicable (*) S AND DIRLCTORS	NO1E: Registered Aç	ent signature requ	ilred when reinstating)  ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12
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