

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H60010**

(6)

1. Corporation Name

**CENTRAL FLORIDA COMMUNICATIONS OF HIGHLANDS COUN
TY, INC.**

APPROVED
AND
FILED

95 APR 19 PM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1107 WEIGLE AVENUE
SEBRING FL 33870

Mailing Address

1107 WEIGLE AVENUE
SEBRING FL 33870

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/03/1985

3a. Date of Last Report

02/07/1994

4. FEI Number

59-2545048

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. 189.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

NEAL, ROBERT D.
1021 WEIGLE AVE.
SEBRING FL 33870

10. Name and Address of New Registered Agent

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PO
NEAL, ROBERT D.
1021 WEIGLE AVE.
SEBRING FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD
NEAL, SHIRLEY V.
1021 WEIGLE AVE.
SEBRING FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPD
NEAL, DOUGLAS J.
2807 SOUTH 9TH STREET
TACOMA WA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
NEAL, ANTHONY E.
8307 WEST SAMPLE ROAD, #4
CORAL SPRINGS FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
NEAL, VICTORIA B.
210 EAST VALE AVE
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☒ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

4047/145th St N.E.
Bellevue, WA 98007

1021 Weigle Ave.
Sebring FL 33870

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/95 813-3853309