

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H60010** (6)

1. Corporation Name

CENTRAL FLORIDA COMMUNICATIONS OF HIGHLANDS COUNTY, INC.



Principal Place of Business

Mailing Address

~~1102 WEIGLE AVENUE~~
SEBRING FL 33870

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SEBRING FL 33870

3. Date Incorporated or Qualified
06/03/1985

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **642 S. Commerce Ave**

26 **642 S. Commerce Ave**

4. FEI Number
59-2545048

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **SEBRING FL**

28 **SEBRING FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 **33870**

25 **HIGHLANDS**

29 **33870**

30 **HIGHLANDS**

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

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

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 of endorser (Name of registered agent, if applicable)

Signature of Registered Agent (Signature required when resubmitting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **NEAL, ROBERT D.**
STREET ADDRESS **1021 WEIGLE AVE.**
CITY-ST-ZIP **SEBRING FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **STD** ☐ DELETE

NAME **NEAL, SHIRLEY V.**
STREET ADDRESS **1021 WEIGLE AVE.**
CITY-ST-ZIP **SEBRING FL**

1.2 NAME ☐ Change ☐ Addition

TITLE **VPO** ☐ DELETE

NAME **NEAL, DOUGLAS J.**
STREET ADDRESS **4047/145TH ST N.E.**
CITY-ST-ZIP **BELLEVUE WA**

1.3 STREET ADDRESS ☒ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **NEAL, ANTHONY E.**
STREET ADDRESS **8307 WEST SAMPLE ROAD, #4**
CITY-ST-ZIP **CORAL SPRINGS FL**

1.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **NEAL, VICTORIA B.**
STREET ADDRESS **1021 WEIGLE AVE.**
CITY-ST-ZIP **SEBRING FL**

2.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

NEAL, ANTHONY E.
37600 N.W. 15th Ave Apt #10
Coral Springs, FL 33065
NEAL, Victoria B.
3404 Bishop Park Drive #832
Winter Park, FL 32782

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)(f), 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:

Shirley V. Neal (SHIRLEY V. NEAL 5/1/96)

941-385-3309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)