## FILE NOW: FILING FEE-AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H60010

CENTRAL FLORIDA COMMUNICATIONS OF HIGHLANDS COUN TY, INC.

Principal Place	of Business	Mailing Address				j	•				
1107 WEIGLE A		1107 WEIGLE AVE									
SEBRING FL 33	B7O	SEBRING FL 33870					DO NOT WRITE IN THIS SPACE				
US		US	U\$								
							<ol> <li>Date Incorporated or Qualifed 06/03/1985</li> </ol>	1			
		T-2					V -   V -   V -	—.		- Nod For	
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number		<u> </u>	oplied For	
21	· · · · · · · · · · · · · · · · · · ·	26				59-2545048			ot Applicable		
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				1	5. Certifcate of Status Desired			Additional equired	
22		27								<del></del>	
City & State		City & State					6. Election Campaign Financing		•	May Be	
23		7ip Country				Trust Fund Contribution			to Fees		
Zip	Country	Zip	¬ ~ ~				8. This corporation owes the cur		ngible   Yes	□No	
24	25	29	30				Personal Property Tax.				
	9. Name and Address of Current	Registered Agent		81	N		0. Name and Address of New	Registered A	gent		
NEA	CHIDI EV V			81	Name	l					
	., SHIRLEY V		82 Street A			Address	(P.O. Box Number is Not Accep	table)			
	WEIGLE AVE.										
SEB	RING FL 33870		83								
				84	City				85 Zip	Code	
				64	City			FL			
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the a	bove	named o	corpora	tion submits this statement for the	e purpose of c	hanging its	s registered	
office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change was	authorized	ז עם נ	he corpo	oration's	board of directors. I hereby acce	ept the appoint	ment as re	egisterea ·	
_	- ·	nis ou section our ous, ri	onda otar							[	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent	signature re	required who	en reinstating)	DATE			
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO		
TITLE	PD	☐ DELETE	1.1 TI	TLE		T 2/1	Query I miles 4	J.	Change	☐ Addition	
NAME	NEAL, SHIRLEY V		1.2 N	AME .		Ne	SCOLMARO Sbring, FL			ļ	
STREET ADDRESS	1021 WEIGLE AVE		1.3 S	TREET	ADDRESS	150	25 CLOL/114R0	ive	~		
CITY-ST-ZIP	SEBRING FL 33870			ITY-ST		30	hriba FL	3387	9		
TITLE	STD	☐ DELETE	2.1 TI	_		271		0.	Change	☐ Addition	
ſ	NEAL, VICTORIA B		2.2 N		1	Ne	al, Victoria	, 61	المداري	10 44 +	
NAME	5215 CREEK CIRCLE APT 129				ADORESS .	621	scameron Ci	re e K	١٧٥	ie in il	
STREET ADDRESS					i i		rworth TX	761	32-	. [	
CITY-ST-ZIP	FT WORTH FL 76132	☐ DELETE	_	ITY-ST	ZIP	700	1 WO LEN	70.	Change	Addition	
TITLE	CD NEW DODERT D		3.1 TI				AL, Robert C	) <b>.</b>	Lactioning		
NAME	NEAL, ROBERT D		3.2 N				12,000	LVE	_	i	
STREET ADDRESS	1021 WEIGLE AVE		3.3 S	TREET	ADDRESS	150	5 (10 ) 11 11	<i>A</i> 2	387	<u> </u>	
CITY-ST-ZIP	SEBRING FL 33870		3.4. 0	NTY-S1	-ZIP	اک ا	EBRI NG-	1- 4 2			
TITLE	D	☐ DELETE	4 1 TI	TLE	[	10	D=10103	5.3,	Change	☐ Addition	
NAME	NEAL, DOUGLAS J		4.2 N	IAME	1	Na	al, Douglas	، ن کے		1	
STREET ADDRESS	600 BLACK LAKE BLVD APT 92		4.3 S	TREET	ADDRESS	134	25 108 414, 14	060 7 4	1	}	
CITY-ST-ZIP	OLYMPIA WA 98505		4.4 C	ITY-ST	-ZIP	K	RK Land WA	78039	j		
TITLE	D	☐ DELETE	5.1 T	TLE		1 -		- •	Change	☐ Addition	
NAME	NEAL, ANTHONY E		5.2 N	AME	-						
STREET ADDRESS	11200 NW 39TH ST APT B		5.3 S	TREET	ADDRESS	s				}	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		5.4 C	ITY-ST	. ZIP	1				)	
TITLE		☐ DELETÉ	6.1 Ti	TLE.		1			☐ Change	Addition	
			6.2 N	AME							
NAME					ADDRESS	,			•		
STREET ADDRESS				ITY-ST		1					
CITY-ST-ZIP			6.4 C	11 Y-51	-217	i					

14. I hereby certify that the information supplied with this filing 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, will all other like empowered.

OFFICER OR DIRECTOR

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90176 026 \*\*\*150.00