

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

FILED

Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H71216

1. Corporation Name

NORTHEAST TELCOM, INC.

NEFCOM TECHNOLOGIES, INC.

(6)  
11/27/96 NC



Principal Place of Business

126 N. FOURTH STREET  
P.O. BOX 1259  
MACCLENNY FL 32063-8259

Mailing Address

126 N. FOURTH STREET  
P.O. BOX 1259  
MACCLENNY FL 32063-1259

2. Principal Place of Business

21 130 North Fourth Street

Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 485

Suite, Apt. #, etc.

City & State

23 Macclenny, FL

Zip

24 32063-2112

Country

25 US

City & State

28 Macclenny, FL

Zip

29 32063-0485

Country

30 US

3. Date Incorporated or Qualified

08/14/1985

3a. Date of Last Report

04/02/1996

4. FEI Number

59-2586300

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. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

- CONNER, LEON  
130 N. FOURTH STREET  
MACCLENNY FL 32063-0485

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

32063-2112

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 DPC  
NAME WALKER, GLADYS R.  
STREET ADDRESS 130 N. FOURTH ST.  
CITY-ST-ZIP MACCLENNY FL

☐ DELETE

TITLE VD  
NAME CONNER, LEON  
STREET ADDRESS 283 E. SHUEY AVENUE  
CITY-ST-ZIP MACCLENNY FL

☐ DELETE

TITLE D  
NAME COMBS, LINDA  
STREET ADDRESS NORTH SHERMAN AVENUE  
CITY-ST-ZIP GLEN ST. MARY FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Conner, F. Paul  
1.3 STREET ADDRESS 130 North Fourth Street  
1.4 CITY-ST-ZIP Macclenny, FL 32063-2112

☐ Change ☒ Addition

2.1 TITLE D  
2.2 NAME Conner, Shannon D.  
2.3 STREET ADDRESS 130 North Fourth Street  
2.4 CITY-ST-ZIP Macclenny, FL 32063-2112

☐ Change ☒ Addition

3.1 TITLE S  
3.2 NAME Holland, Evelyn H.  
3.3 STREET ADDRESS 130 North Fourth Street  
3.4 CITY-ST-ZIP Macclenny, FL 32063-2112

☐ Change ☒ Addition

4.1 TITLE T  
4.2 NAME McGlew, John T.  
4.3 STREET ADDRESS 130 North Fourth Street  
4.4 CITY-ST-ZIP Macclenny, FL 32063-2112

☐ 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

14. I do 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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leon Conner

1-08-97

904-259-2261

Date

Daytime Phone #

CR2E034 (9/96)