

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H78745 (7)**
1. Corporation Name
NORTON TELECOM ENTERPRISES, INCORPORATED



Principal Place of Business Mailing Address
% JANICE ALLEGRA NORTON
864 NORTH TEMPLE AVENUE
STARKE FL 32091

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
10/02/1985 **04/19/1995**
4. FEI Number Applied For
59-2706561 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

NORTON, JANICE ALLEGRA
864 NORTH TEMPLE AVENUE
STARKE FL 32091

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 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	NORTON, JANICE A	1.2 NAME	
STREET ADDRESS	864 N TEMPLE AVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	STARKE FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	NORTON SR., EMMETT MAXIE	2.2 NAME	
STREET ADDRESS	864 N TEMPLE AVE	2.3 STREET ADDRESS	
CITY, ST, ZIP	STARKE FL	2.4 CITY, ST, ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	NORTON, EDNA	3.2 NAME	
STREET ADDRESS	864 N TEMPLE AVE	3.3 STREET ADDRESS	
CITY, ST, ZIP	STARKE FL	3.4 CITY, ST, ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	NORTON JR., EMMETT MAXIE	4.2 NAME	
STREET ADDRESS	864 N. TEMPLE AVE.	4.3 STREET ADDRESS	
CITY, ST, ZIP	STARKE FL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 199.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96 904-964-4980

CR2E034 (12/95)