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Jan 14 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 # H78745 (7)
1. Corporation Name
NORTON TELECOM ENTERPRISES, INCORPORATED

Principal Place of Business

% JANICE ALLEGRA NORTON
864 NORTH TEMPLE AVENUE
STARKE FL 32091

Mailing Address

% JANICE ALLEGRA NORTON
864 NORTH TEMPLE AVENUE
STARKE FL 32091-2135

3. Date Incorporated or Qualified

10/02/1985

3a. Date of Last Report

02/27/1996

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

4. FEI Number

59-2706561

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

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 607.0502 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 *Emmett Maxie Norton Jr.* DATE *12-31-96*

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NORTON, JANICE A
STREET ADDRESS 864 N TEMPLE AVE
CITY-ST-ZIP STARKE FL

TITLE D
NAME NORTON SR., EMMETT MAXIE
STREET ADDRESS 864 N TEMPLE AVE
CITY-ST-ZIP STARKE FL

TITLE TD
NAME NORTON, EDNA
STREET ADDRESS 864 N TEMPLE AVE
CITY-ST-ZIP STARKE FL

TITLE V
NAME NORTON JR., EMMETT MAXIE
STREET ADDRESS 864 N. TEMPLE AVE.
CITY-ST-ZIP STARKE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 *Emmett Maxie Norton Jr.* DATE *12-31-96* DAYTIME PHONE # *904-968-4580*

CR2E034 (9/96)