PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -3 AM 9:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # H92684 (0)

1. Corporation Name
CENTRAL GULF COAST COMMUNICATION SERVICES, INC.

Principal Place of Business	Mailing Address
5133 SR 54 NEW PORT RICHEY FL 34652	5133 SR 54 NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/03/1986
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-2630634 ☐ 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

BORREGO, NANCY
11333 KNIGHTS GRIFFIN RD.
THONOTOSASSA FL 33592

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BORREGO, LIONEL	12 NAME	
STREET ADDRESS	11333 KNIGHTS GRIFFIN RD	13 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	BORREGO, NANCY	22 NAME	
STREET ADDRESS	11333 KNIGHTS GRIFFIN RD	23 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	COFFEY, DOUG	32 NAME	
STREET ADDRESS	5133 SR 54	33 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☒ Change ☐ Addition
NAME	HANSEN, RANDY	42 NAME	VP RANDY BORREGO
STREET ADDRESS	3704 SPRING VALLEY RD.	43 STREET ADDRESS	5042 RIVER PT. CT.
CITY-ST-ZIP	NEW PORT RICHEY FL	44 CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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.

NANCY BORREGO
SIGNATURE: Nancy Borrego 7-26-95 813-842-5206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0116887 CP