

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

FILED  
Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H92684** (0)  
1. Corporation Name  
**CENTRAL GULF COAST COMMUNICATION SERVICES, INC.**



Principal Place of Business <b>5133 SR 54 NEW PORT RICHEY FL 34652</b>	Mailing Address <b>5133 SR 54 NEW PORT RICHEY FL 34652-5911</b>
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3. Date Incorporated or Qualified <b>01/03/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>3033 US 27 North</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>3033 US 27 North</b> Suite, Apt. #, etc.
22 City & State <b>Sebring, FLA.</b>	27 City & State <b>Sebring, FLA.</b>
23 Zip <b>33870</b>	28 Country <b>Highlands</b>
24 <b>33870</b>	29 <b>33870</b>
25 <b>Highlands</b>	30 <b>Highlands</b>

4. FEI Number <b>59-2630634</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BORREGO, NANCY  
11333 KNIGHTS GRIFFIN RD.  
THONOTOSASSA FL 33592**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORREGO, LIONEL</b>	1.2 NAME	
STREET ADDRESS	<b>11333 KNIGHTS GRIFFIN RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>THONOTOSASSA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORREGO, NANCY</b>	2.2 NAME	
STREET ADDRESS	<b>11333 KNIGHTS GRIFFIN RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>THONOTOSASSA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COFFEY, DOUG</b>	3.2 NAME	
STREET ADDRESS	<b>5133 SR 54</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORREGO, RANDY</b>	4.2 NAME	
STREET ADDRESS	<b>5042 RIVER PT CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 \_\_\_\_\_

CR2E034 (9/96)