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

Mailing Address

6702 BENJAMIN RD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J13184

Principal Place of Business 6702 BENJAMIN ROAD

TELEPHONE ENGINEERING AND MAINTENANCE, INC.

TAMPA FL 336	34 TAMPA FL 33634					DO NOT WRITE IN THIS SPACE			
US	us					3. Date Incorporated or Qualifed: 05/06/1986	٠ :		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	oplied For
21	¬````					59-2765549		N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.									Additional
22						5. Certifcate of Status Desired		•	equired
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
¬ ···, · · · · · · · · · · · · · · · · ·						Trust Fund Contribution			to Fees
23 Zin				ν		· ···			-
— Žip ₁				y		8. This corporation owes the curre	ent year inta	Ingible ☐ Yes	□No
24	25		O į			Personal Property Tax. 10. Name and Address of New R	ogistored /		
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New P	egistered A	-gent	
COLE, RALPH					Name	•			
13920 PEPPERRELL DRIVE				2	Street Addre	ess (P.O. Box Number is Not Accepta	ble)	_	-
				Company of the second of the s				2121144	A recorder to
IAM	PA FL 33624		83	3		· · · · · · · · · · · · · · · · · · ·			
			84	1	City			85 Zip	Code (1916)
FL									
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. Lam 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									
	Signature, typed or printed name of registered agent a			ent s	signature required		DATE.	D DIDECT	DDC IN 12
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	TICERS AIN	Change	Addition
TITLE	STD	□ pere⊥e	1.1 TITLE					L. Unange	
NAME	COLE, JUNE		1.2 NAME			_			
STREET ADDRESS 13920 PEPPERRELL DR.			1.3 STREET ADDRESS		JDDRE\$\$				
CITY-ST-ZIP	TAMPA FL		1.4 CITY-5	ST-2	ZIP			1	·
ΠΤLÉ	VD	☐ DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME	LEGG, EDWARD A.			2.2 NAME					ĺ
STREET ADDRESS	manual = 1			TΑ	DDRESS	•			
CITY-ST-ZIP	TANKEDOMILE ANY			ST-	ZiP				ĺ
TITLE	PD	☐ DELETE	3.1 TITLE	-				Change	☐ Addition
NAME	COLE, RALPH								
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NAME	7431 - 7		6.2 NAME			-	•	. •	ĺ
STREET ADDRESS					DORESS	-	•		ļ
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14. I 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, with all other like empowered.

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90060 024 ***150.00