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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # J17661

(6)

1. Corporation Name
TELEPHONE SYSTEMS INSTALLERS WEST COAST COMMUNIC
ATIONS, INC.



Principal Place of 511 MANATER P.O. BOX 787 RUSKIN FL 33	E DR., S.W. 7	Mailing Address 511 MANATEE DR., P.O. BOX 787 RUSKIN FL 33570	S.W.			3. Date incorporated or Qualified 06/04/1986	3a. Date	5/01)	1995 ^t
2. Principal Place	e of Business	2a. Mailing Address 26				4. FEI Number 59-2682190			Applied For Not Applicable
\$uite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State		City & State				6. Election Campaign Financing		-	00 May Be
23	Country	Zip	Count	trv		Trust Fund Contribution 8. This corporation has liability for			led to Fees s 199.032,
Zip 24	Country 25	29	30	. ,		Florida Statutes Yes	No		
E4	9. Name and Address of Current					10. Name and Address of New F	Registered A	gent	
TICHY, DONALD J. 904 LYTLE STREET RUSKIN FL 33570					Name Street Ad	dress (P.O. Box Number is Not Acceptat	ole)		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1	B4	City		FL	85	Zıp Code
familiar with	n, and accept the obligations of, Section, and accept the obligations of, Section, and accept the obligations of sections of registered agent. OFFICERS ANI	and little if applicable.	es.			pred when reinstaling ADDITIONS/CHANGES TO OFF	DATE		
12.	PVD OFFICERS AND	DELETE	1, 1 (ii)	LF.		The state of the s		Chang	
TITLE NAME STHEFT ADDRESS CITY-ST-ZIP	TICHY, DONALD J. 511 MANATEE DRIVE SW RUSKIN FL		12 NA	ME REET A	DDRESS				
TITLE NAME STREET ADDRESS	STD TICHY, DAWN M. 800B BAHIA DEL SOL RUSKIN FL	DELETE	i	ME Reet A	ADDRESS .	301 Campus Dr Ruskin FL 335	•	Chang	e Addition
CHY-ST-ZIP TITLE NAME STREET ADDRESS	(100.11.12	☐ DELETE	2 4 C/Y 3 1 Til 3 2 NA 3 3 ST	TLE ME	ADDRESS	1032171	[Chan	ge 🔲 Addition
CITY-ST-ZIP TITLE NAME		DELETE	3.4 CH 4. 1 TI 4.2 NA	TLE			[Chan	ge Addition
STREET ADDRESS CHY-ST-ZIP TITLE		☐ DELETE	4.4 CII 5 1 TI	TLE	ADDRESS [-ZIP		I	Chan	ge Addition
NAME STREET ADDRESS CITY+ST-ZIP		□ DELETE	54 CI	REFT (ADDRESS 1-Zip			☐ Chan	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETÉ	640	AME FREET	ADDRESS T-ZIP	fy for the exemption stated in Section 11		_	-

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)(k). 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 early; 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

Sauch M Ticky

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19.96

813-645-2844

Daytimie Phone #

R2E034 (12/95