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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # (6)J17661 TELEPHONE SYSTEMS INSTALLERS WEST COAST COMMUNIC ATIONS, INC.

Principal Place of Business Mailing Address 511 MANATEE DR., S.W. P.O. BOX 787 P.O. BOX 787

## **FILED** May 05 1998 8:00am Secretary of State



511 MANATEE DR., S.W. DO NOT WRITE IN THIS SPACE RUSKIN FL 93570 RUSKIN FL 33570 3. Date Incorporated or Qualified 06/04/1986 2a, Mailing Address 2. Principal Place of Business Applied For 21 26 Not Applicable 59-2682190 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TICHY, DONALD J. 904 LYTLE STREET Street Address (P.O. Box Number is Not Acceptable) RUSKIN FL 33570 83

11, Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered

SIGNATURE	egistered agent, of both, in the State of Florida. Such char m familiar with, and accept the obligations of, Section 607 Storature typed or printed name of registrated agent and little if applicable.				DATE		
12.	OFFICERS AND DIRECTORS	(NOTE: F	Registered Agent signature requi		NGES TO OFFICERS AN	D DIRECTOR	S IN 12
TITLE		ELETE	1.1 TITLE	, 1221110110701111		Change	Addition
NAME	TICHY, DONALD J.		1.2 NAME				
STREET ADDRESS	511 MANATEE DRIVE SW		1.3 STREET ADDRESS				
CITY-ST-ZIP	RUSKIN FL		1.4 CITY-ST-ZIP				
TITLE		ELETE	2.1 TITLE			Change	Addition
NAME	TICHY, DAWN M.		22 NAME				
STREET ADDRESS	301 CAMPUS DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	RUSKIN FL		2. 4 CITY-ST-ZIP				
TITLE		ELETE	3.1 TITLE			☐ Change	Additio
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE	DE	ELETE	4.1 TITLE			Change	Additio
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE	DE DE	ELETE	51 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE	DE	ELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY CT. 7ID			CACITY CT. 7ID				

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.

SIGNATURE:

Donald Tichy

13. | Prescription 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:

SIGNATURE.