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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # J45213

CONSOLIDATED COMMUNICATIONS SERVICES, INC.

	DATED COMMONICATION								
Principal Place	of Business	Mailir	ng Address						
4231 TRUMAN DR		4231 TRUMAN DR							
SEFFNER FL 33584		SEFFNER FL 33584					DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
							12/01/1986		
- D-1111111111111-	and of Business	22 M	lailing Address		—		4. FEI Number	<del></del>	oplied For
2. Principal Pla	ace or business	26					59-2739252		ot Applicable
Suite, Apt. #	t etc		uite, Apt. #, etc.				5. Certificate of Status Desired		Additional
- Julie, Apt. #	, •••	27							equired
City & State			City & State				6. Election Campaign Financing		May Be to Fees
23		28					Trust Fund Contribution		IO FEES
Zip	Country	Z	Zip Country				8. This corporation owes the current year	Intangible Yes	□No
24	25	29		30			Personal Property Tax.  10. Name and Address of New Register		
	9. Name and Address of Curre	nt Registe	red Agent		81	Name	10. Name and Address of New Register		-
	NUMBER AND DATE OF A START				61				
4.4	SHEW, MELBA JEAN				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	TRUMAN DR				62	ļ	<del>。                                    </del>	1. 72.66	Ter Wall ster
SEFF	NER FL 33584				83		16 多点或数据的数据的数据数据	1914 16	<b>进线机图</b>
					84	City	<u> </u>	85 Zip	Code
				4 4 9 -			rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing it	s registered
11 Pursuanti	to the provisions of Sections 007.05	of Elorida	Such change was	s authorize	vd he	the corners	tion's board of directors. I hereby accept the ap	PORTEINGIR AS I	29,010,04
office or re agent. I as	m tamiliar with, and accept the oblig	ations of, S	Section 607.0505,	Florida Sta	itutes	i.	ired when reinstating) DATE		
office or re agent. I as	m familiar with, and accept the oblig	ations of, S	Section 607.0505, applicable. (No	Florida Sta	tutes od Ager	i.	ired when reinstating) DATE	AND DIRECT	ORS IN 12
office or reagent. I as SIGNATURE	m familiar with, and accept the only Signature, typed or printed name of registered ag  OFFICERS A	ations of, S	Section 607.0505, applicable. (No	Florida Sta	tutes od Ager	i.			ORS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

02-16-1999 90065 024 \*\*\*150.00