

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J45465 (8)

1. Corporation Name

INTER-COMM SYSTEMS CORPORATION

Principal Place of Business

**% BRUCE A. MITCHELL, ESQ.
1825 S. RIVERVIEW DR
MELBOURNE FL 32901**

Mailing Address

**% BRUCE A. MITCHELL, ESQ.
1825 S. RIVERVIEW DR
MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized
11/06/1986

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2745662

Applied For
☐ Not Applicable

5. Certificate of Status, Dissolved ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.03,
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

2a. Mailing Address

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Name

25. Title

29. Name

30. Title

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MITCHELL, BRUCE A.
1825 S. RIVERVIEW DR
MELBOURNE FL 32901**

81. Name

82. Street Address, P.O. Box Number or Post Office

83. City

84. State

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by the Florida Statutes, and I am duly qualified to execute this report as required by the Florida Statutes.

SIGNATURE

NAME

OFFICER AND DIRECTOR

13. ADDITIONAL CHANGES TO OFFICER AND DIRECTOR

1. NAME

**DPT
PADGETT, L. CHRISTINA
544 RIO PINO DR N.
INDIALANTIC FL**

2. ADDRESS

3. CITY

4. STATE

5. ZIP

6. NAME

7. ADDRESS

8. CITY

9. STATE

10. ZIP

11. NAME

12. ADDRESS

13. CITY

14. STATE

15. ZIP

16. NAME

17. ADDRESS

18. CITY

19. STATE

20. ZIP

21. NAME

22. ADDRESS

23. CITY

24. STATE

25. ZIP

26. NAME

27. ADDRESS

28. CITY

29. STATE

30. ZIP

31. NAME

32. ADDRESS

33. CITY

34. STATE

35. ZIP

SIGNATURE:

Christina Padgett / Christina Padgett

4/30/95

(407)
777-8161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR