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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # J46059

(8)

TONE COMMUNICATION, INC.

**FILED** Mar 27 1997 8:00am Secretary of State

| Dringing Disc                | te of Business  | Mailing Address  |                         |                 |                         |  |                                |             |   |    |
|------------------------------|---|--|-------------------------|-----------------|-------------------------|--|--------------------------------|-------------|---|----|
| 3411 BENT OF<br>VALRICO FL 3 | AK ST.  | 3411 BENT OAK ST.<br>VALRICO FL 33594-6200                       | 3411 BENT OAK ST.       |                 |                         |  |                                |             |   |    |
|                              |   |  |                         |                 |                         | 3. Date incorporated or Qualified 12/01/1986                                       |                                | e of Last   | Report                                  |    |
| 2. Principal F               | Place of Business   | 2a. Mailing Address  | *                       |                 |                         | 4. FEI Number  |                                |             | pplied For                              | 1  |
| 21                           |   | 26   |                         |                 |                         | 59-2752261   | Not Applicable                 |             |   |    |
| Suite, Apt                   | #, etc  | Suite, Apt. #, etc.  | <del></del>             |                 |                         | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required |             |   |    |
| Cily & Stat                  | le  | City & State   | · <sub>1</sub>          |                 |                         | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |                                |             |   |    |
| Zip                          | Country   | Zip Cor  |                         |                 | ···                     | 8. This corporation has liability for intangible tax under s. 199                  |                                |             |   |    |
| 24                           | 25 29 30  |  |                         |                 | Florida Statutes Yes No |  |                                |             |   |    |
|                              | 9. Name and Address of Curre  | nt Registered Agent  |                         | <u> </u>        |                         | 10. Name and Address of New Re   | gistered A                     | gent        |   |    |
|                              | NCE, STEPHEN RAY  |  |                         | B1              | Name                    |  |                                |             |   |    |
|                              | 1 BENT OAK ST.<br>LRICO FL 33594  |  |                         | 82              | Street Addre            | ess (P.O. Box Number is Not Acceptable)  |                                |             | <del></del>                             | 1  |
| AVI                          | INICO I L SSU <del>ST</del>   |  |                         | 83              | <del></del>             |  |                                |             |   | 1  |
| l                            |   |  |                         | 84              | City                    |  | FL                             | 85 Zip      | Code                                    | 1  |
| 11. Pursuant                 | to the provisions of Sections 607.05  | 02 and 607.1508, Florida Statu                                   | ites, the a             | bove            | named corp              | oration submits this statement for the   | ourpose of                     | hanging     | its registered                          | 1  |
| agent. La                    | registered agent, or both, in the Stat<br>am familiar with, and accept the obli | e of Florida. Such change was<br>gations of, Section 607.0505, F | autnorize<br>Iorida Sta | a by<br>lutes   | the corporate<br>s.     | on's board of directors. I hereby acce   | pt the appo                    | intment a   | s registered                            |    |
| SIGNATURE                    | Signature Typical or printed name of registered a                               | one and the disrolicable (NO                                     | IIE Banistara           | d Age           | nt cioner ve require    | ad when reinstating)   | DATE                           |             |   |    |
| 12.                          |   | ND DIRECTORS   | 13.                     | u ngo           | in agricule radove      | ADDITIONS/CHANGES TO OFFIC   |                                | DIRECTO     | RS IN 12                                | 6  |
| TOTLE                        |   |  | 1.1 TITLE               |                 |                         |  | Change                         | Addition    | 8                                       |    |
| NAME                         | VANCE, STEPHEN RAY  |  |                         | 1.2 NAME        |                         |  |                                |             |   | 3  |
| STREET ADDRESS               | 3411 BENT OAK ST.   |  | 1.3 ST                  |                 | ADDRESS                 |  |                                |             |   | Š  |
| CHTY-ST-ZIP                  | VALRICO FL 146  |  |                         | ITY-S           | T-ZIP                   |  |                                |             |   | 18 |
| TITLE                        |   | DELETE 211   |                         | 21 TITLE        |                         |  |                                | Change      | Addition                                | ]( |
| NAME                         | 22  |  | 22 N                    | 22 NAME         |                         |  |                                |             |   | ١  |
| STREET ACORESS               |   |  | 23 STREET               |                 | ADDRESS                 |  |                                |             |   |    |
| CITY - ST - ZIF              |   |  | 2.40                    | 2.4 CITY-ST-ZIP |                         |  |                                |             | *** *********************************** |    |
| THILE                        | ☐ DELETE  |  | 317                     | 3.1 TITLE       |                         |  |                                | Change      | Addition                                | ļ  |
| NAME                         |   |  | 3.2 N                   | AME             |                         |  |                                |             |   | ļ  |
| STREET ADDRESS               |   |  | 3.3 S                   | TREET           | ADDRESS                 |  |                                |             |   | 1  |
| CITY - S1 - ZIP              |   |  | *******                 |                 | T-21P                   |  |                                |             |   | 1  |
| TITLE                        |   | DELETE   | 4.1 TITLE               |                 |                         |  |                                | Change      | Addition                                |    |
| NAME                         |   |  | 4.21                    |                 |                         |  |                                |             |   |    |
| STREET ADDRESS               |   |  |                         |                 | ADDRESS                 |  |                                |             |   |    |
| CITY - SY - ZIP              |   | T or ever  |                         | ITY - S         | T-ZIP                   |  |                                | 10.         | The second                              | -  |
| TITLE                        |   | ☐ DELETE   | 5.1 TITLE               |                 | 1                       |  | 1                              | Change      | Addition                                |    |
| NAME                         |   |  | 5.2 N                   |                 |                         |  |                                |             |   | 1  |
| STREET ADORESS               |   |  |                         |                 | ADDRESS                 |  |                                |             |   | l  |
| CITY - ST - ZIP              |   | DELEZE   |                         | ITY-S           | T-ZIP                   |  | <del></del>                    |             | <b>[</b> ] 4 3 3 2 .                    | ┨  |
| TILLE                        | }   | ☐ DELETE   | 61 T                    |                 | ļ                       |  |                                | Change      | Addition                                | 1  |
| NAME                         |   |  | 62 N                    |                 |                         |  |                                |             |   | l  |
| STREET ADDRESS               |   |  |                         |                 | ADDRESS                 |  |                                |             |   | l  |
| CHY-SI-7-P                   | by certify that the information supplies  | ed with this films does not ave                                  |                         | ITY-S           |                         | in Section 119.07(3)(i), Florida Statute   | e Hurther                      | nartify the | 1 the                                   | 1  |

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 efficer 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 AND TYPED OR PRINTED NAME OF SIGN