

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K00695 (2)

1. Corporation Name

RETAINED COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

2709 ROCKY POINTE DRIVE, SUITE 101
TAMPA FL 33607

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TAMPA FL 33607

3. Date Incorporated or Qualified
11/02/1987

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2865187

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOK, JOHN J.
2709 ROCKY POINTE DRIVE, SUITE 101
TAMPA FL 33607

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D
COOK, JOHN J.
3455 COUNTRYSIDE BL 106
CLEARWATER FL

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

D
COOK, JOHN L.
1521 KINGLET DR.
PUNTA GORDA FL

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13 TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY - ST - ZIP

34 TITLE

35 NAME

36 STREET ADDRESS

37 CITY - ST - ZIP

38 TITLE

39 NAME

40 STREET ADDRESS

41 CITY - ST - ZIP

42 TITLE

43 NAME

44 STREET ADDRESS

45 CITY - ST - ZIP

46 TITLE

47 NAME

48 STREET ADDRESS

49 CITY - ST - ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

(813) 281-0817

Date

Daytime Phone #

CR2E034 (12/95)