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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # K16285

(4)

1. Corporation		(· /					
AMERIC	CAN NATIONAL COMMUNIC	ATIONS COMPANIE	S, INC.				
Principal Place	of Business	Mailing Address				9 11001 18401 BIH BIH B	}
7381 114TH AVENUE NORTH 18311 PLEASANT RIDGE SUITE 401-8 LUTZ FL 33549 LARGO FL 34643 US			GE PLACE				
					3. Date Incorporated or	1	ate of Last Report
2 Principal Dir	ace of Business	Too Markey Address			02/26/1988 4. EEI Number		05/01/1995
21 PIINCIPALER	ace of Business	2a. Mailing Address			59-3111503		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			393111303		Not Applicable \$8.75 Additional
22		27		5. Certificate of Status E	Desired [Fee Required	
City & State)	City & State			6. Election Campaign Fir	nancing	\$5.00 May Be
23		28		Trust Fund Contribution	on 🗀	Added to Fees	
Zip	Country	Zip	Count	У	8. This corporation has I	iability for intangible	
24 25		29	30		Florida Statutes	Yes No	
	9. Name and Address of Current	Registered Agent	8	I Name	10. Name and Address	of New Registere	d Agent
LUMIT OF	MARIER D. ID.		°	Name			
LUNT, SAMUEL D JR.			8	Street	Address (P.O. Box Number is Not Acceptable)		
18311 PLEASANT RIDGE PLACE LUTZ FL 33549			8	 			•
LUIZ FL	33349		Ľ	1			
			8-	City		F	85 Zip Code
familiar wit	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Section	a. Such change was authori on 607.0506, Florida Statute	zed by the cor s.	poration's	Biboard of directors. I hereby accep	ot the appointment	changing its registered office as registered agent. I am
12.	Signature, typed or purited name of registered agent a OFFICERS AND		OTE: Registered Ag	ont signature	required when reinstating)	DATE S TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	TCC	DELETE	1 1 1111		T	3 TO OTT IOLENS AL	Change Addition
NAME	LUNT, SAMUEL D., JR.		1.2 NAME				C cuange C : Notices
STREET ADDRESS	18311 PLEASANT RIDGE PLAC	Œ	1.3 STRE	T ADDRESS			
CITY-ST-ZIP	LUTZ FL		1.4 O(TY-	ST - ZiP			
TITLE	DP DELETE		2. 1 TITLE				Change Addition
NAME	GARRISON, DONALD C.		2 2 NAME				
STREET ADDRESS	3298 COQUINA KEY DR SE		2.3 STREE	I ADDRESS			
CITY - ST - ZIP	ST. PETERSBURG FL		2.4 CITY-				
TITLE	FILL POEMO	☐ DELETE	3 1 TITLE		VICE PRESIDENT	OPENATIONS	Change
NAME	FUNK, BRENDA S.		3.2 NAMe				
STREET ADDRESS CITY-ST-ZIP	7381 114TH AVENUE NORTH			ET ADDRESS			
TITLE	VP	☐ DELETE	3.4 CITY - 4. 1 TITLE				☐ Change ☐ Addition
NAME	HALL, RICHARD L.		4.2 NAME				Shange Addition
STREET ADORESS	5550 FORCE FOUR PKWY			1 ADDRESS			
CITY-ST-ZIP	ORLANDO FL		4.4 CITY -				
TITLE		☐ DELETE	5. 1 TITLE		SECRETAM		Change X Addition
NAME			5.2 NAME		NATHANIEL D. HIM	VES TT Se	`^
STREET ADDRESS			5.3 STREE	1 ADDRESS	NATHANIEL D. HIM 111 SECOND A ST. PETENSDUNG,	UTE. N. B	OC,
C(TY-ST-ZIP			5.4 CITY -	S1-ZIP	ST. PETENS BUNG.	FL 33:	
TITLE		☐ DELETE	6 1 TITLE				Change Addition
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREE	1 ADDRESS			
CITY-ST-ZIP	L	*****	64 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:

SIGNATURE

Date

Date

Date

Dayling Prone *

;R2E034 (12/95)