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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

**FILED** Apr 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998. DOCUMENT # K39227 (9) GRO-BAND SYSTEMS, INC. Principal Place of Business Mailing Address 5955 8 FLORIDA AVE 5955 S FLORIDA AVE. LAKELAND FL 33813-2533 LAKELAND FL 33813-2533 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/17/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 59-2914305 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name KOEGLER, STEVEN C. 4655 SALISBURY ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 390 63 JACKSONVILLE FL 32256 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. \_\_\_ DELETE Change 1.1 TITLE TITLE NAME BEARDSLEY, JOSEPH H. 1.2 NAME STREET ADDRESS 6738 FARRIS DR 1.3 STREET ADDRESS lakeland fl CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 THILE NAME STEPHENS, VERDON 2.2 NAME STREET ADDRESS 222 W ETHELENE ST., APT 7 2.3 STREET ADDRESS BARTOW FI CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change DELETE Addition TITLE 3.1 TITLE CHERISH THORNER 1008 SHADOW RUN DIE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS AKELAND, FL 33817 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 Title TITLE NAME JACKSON, DONNIE 4. 2 NAME 426 MIRIMAR STREET ADDRESS 43 STREET ADDRESS <u>Lakeland fl</u> 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME BEARDSLEY, ELLEN G. 5.2 NAME STREET ADDRESS 6738 FARRIS DR 5.3 STREET ADDRESS LAKELAND FL 5.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 supplied in the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiper outrustee 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 or an authorizing with an address.

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6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

(ay) LULL - 2 UN

Addition

DELETE