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

PROFIT **CORPORATION ANNUAL REPORT**



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # K69975

(6)

TRI-STATE COMMUNICATIONS CONTRACTORS, INCORPORAT

FILED Apr 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- 100(0(1) 0)0 0(1)0 10(10 (0)1) 10004 8		III GIBII BIBI	il Dipil 1881
1946 SE 36 TO CAPE CORAL US			1946 SE 36 TERRACE CAPE CORAL FL 33904 US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
2. Principal Pl	ace of Business	2a. Mailing Address			03/03/1989 4, FEI Number			
21		t	} 1		59-2932437		Applied For	
Suite, Apt.	#. etc	26 Suite Ant # etc	Suite, Apt. #, etc.					ot Applicable
22		 	27		Certificate of Status Desired			Additional equired
City & State		City & State		6. Election Campaign Financing			May Be	
23		28	28		Trust Fund Contribution			to Fees
Zip Country		Zip			8. This corporation owes or has p			
24	25	29	30		Personal Property Tax due June 30. Yes No			
	g, Name and Address o	f Current Registered Agent			10. Name and Address of New Ro	gistered Ag	jent	
BEF	RY, CALVIN G		81	Name				
	6 SE 36 TERRACE		82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
CAP	PE CORAL FL 33904		63					
į			84	City		EI	85 Zip	Code
11 Pursuant t	to the provisions of Sections	607 0502 and 607 1508. Florida Str	atutes, the above	e-named con	poration submits this statement for the	Durnose of c	hanging i	ts registered
office or re agent. I ar	egistered agent, or both, in t in familiar with, and accept t	he State of Florida. Such change when obligations of, Section 607,0505	as authorized b , Florida Statute	y the corpora s.	poration submits this statement for the tition's board of directors. I hereby acce	pt the appoi	ntment as	registered
SIGNATURE								
	Signature, typed or printed name of reg	istered againt and two it applicable (ERS AND DIRECTORS	(NOTE: Registered Ag	ent signature requ	8 107 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATE		
12.	PV	DELETE	13. 1.1 TITLE	· ·	ADDITIONS/CHANGES TO OFFI		Change	AS IN 12 Addition
NAME	SELVEY, TIMOTHY C		1.2 NAME	1		-	_ Online	L Addition
STREET ADDRESS	2257 MONAGHAN DRI	VE	1.3 STREET	1 ADDDCCC				
CITY-ST-ZIP	TALLAHASSEE FL 323	_	1.4 CITY-5					
TITLE	ST	DELETE	2.1 TITLE	51-2IF	 		Change	Addition
NAME	BERRY, CALVIN G		2.2 NAME			<u> </u>	_ c.va.igo	
STREET ADDRESS	1946 SE 36 TERRACE		2.3 STREET	r ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		2. 4 CITY -					
TITLE	0,1200,154,1	DELETE	3.1 TITLE	31 - Z4			Change	Addition
NAME		_	3.2 NAME			_		
STREET ADDRESS			3.3 STREET	ADDRESS	•			
CITY-ST-ZIP			3.4. CITY-					
TITLE		DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME				-	
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-5					
TITLE		☐ DELFTE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				-
CITY-SI-ZIP			5.4 CITY-5					
TITLE		DELETE	6.1 TITLE	- i			Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 C/TY-5					

14. I hereby certify that the information supplied with this filing 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 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.