

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

DOCUMENT # **M97873 (7)**

95 MAY - 1 PM 2:36

1. Corporation Name  
**COMSOUTH, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**1120 W. FIRST STREET STE. C SANFORD FL 32771**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/09/1988** 3a. Date of Last Report **04/28/1994**

2. Principal Place of Business 2b. Mailing Address  
21 **1485 Shadwell Circle** 26 **P.O. Box 470398**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Heathrow, FL** 27 **Lake Monroe, FL**  
City & State City & State  
23 **32746** 25 **Seminole** 28 **32747** 30 **Seminole**  
Zip Country Zip Country

4. FEI Number **59-2910241** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**VORENKAMP, DAVID I.  
1120 W. FIRST STREET  
STE. C  
SANFORD FL 32771**

10. Name and Address of New Registered Agent  
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 607.0525, Florida Statutes.

SIGNATURE *[Signature]* CFO **4-28-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>VORENKAMP, DAVID I.</b>
STREET ADDRESS	<b>P.O. BOX 470398 N/A</b>
CITY, ST, ZIP	<b>LAKE MONROE FL 32747</b>
TITLE	<b>VP</b>
NAME	<b>WILLIAM C. BARKER</b>
STREET ADDRESS	<b>P.O. BOX 470398</b>
CITY, ST, ZIP	<b>LAKE MONROE FL 32747</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.0306, 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. I have an office or share in the capital or the management of the corporation to constitute this report as required by Chapter 607, Florida Statutes, and that my name appears in the s 12 or 13 or 14 of this report, or on any other document with an address.

SIGNATURE: *[Signature]* CFO **4-28-95**