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FILED

Jan 23, 1999 8:00am
Secretary of State

01-23-1999 90021 018 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33423

1. Corporation Name

WOLTERS COMMUNICATION CONTRACTORS, INC.

Principal Place of Business

PO BOX 1269
WATSONVILLE CA 95077
US

Mailing Address

P.O. BOX 1269
WATSONVILLE CA 95077

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1991

4. FEI Number

94-1690542

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'BRIEN, FRANK
303 WEST CHAMPMAN RD
STE D216
LUTZ FL 33549

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

Mona K. Wolters
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP
NAME WOLTERS, MONA K.
STREET ADDRESS 14220 CAMPAGNA WAY
CITY-ST-ZIP WATSONVILLE CA

☐ DELETE

TITLE VP
NAME TAYLOR, JOHN
STREET ADDRESS 401 HIGHLAND WAY
CITY-ST-ZIP COPPELL TX 75019

☐ DELETE

TITLE S
NAME WOLTERS, ZANE
STREET ADDRESS P.O. BOX 1581 N/A
CITY-ST-ZIP CAMPBELL CA 95009-1581

☐ DELETE

TITLE D
NAME WOLTERS, WILL
STREET ADDRESS 6501 EL GRECO RD. #A
CITY-ST-ZIP GOLETA CA 93117

☐ DELETE

TITLE D
NAME WOLTERS, TAGE
STREET ADDRESS 7630 HANNA
CITY-ST-ZIP GILROY CA 95020

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Mona K. Wolters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

Date

831/728-3651

Daytime Phone #

CR2E034 (11/98)