

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000010791 (1)

1. Corporation Name

TMB COMMUNICATIONS, INC.

Principal Place of Business

~~445 DOUGLAS AVE~~  
~~225 SOUTH WESTMONTE DRIVE~~  
~~SUITE 0000 2005-23~~  
ALTAMONTE SPRINGS FL 32714

Mailing Address

P.O. Box 161669  
225 SOUTH WESTMONTE DRIVE  
SUITE 0000  
ALTAMONTE SPRINGS FL 32714-4218  
32716-1669

2. Principal Place of Business

21 445 DOUGLAS AVE

Suite, Apt. #, etc.

22 2005-23

City & State

23 ALTAMONTE SPRINGS

Zip

24 32714

Country

25 USA

2a. Mailing Address

26 P.O. Box 161669

Suite, Apt. #, etc.

27

City & State

28 ALTAMONTE SPRINGS FL

Zip

29 32716-1669

Country

30 USA

9. Name and Address of Current Registered Agent

MITCHELL, FRANK O  
225 SOUTH WESTMONTE DR.  
#3330  
ALTAMONTE SPRINGS FL 32714

445 DOUGLAS AVE  
P.O. Box 161669  
SUITE 2005-23  
32716-1669  
ALTAMONTE SPRINGS, FL  
32714

3. Date Incorporated or Qualified

12/08/1992

3a. Date of Last Report

06/11/1996

4. FEI Number

59-3154677

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

Signature: [Signature] 4/1/97 407-774-1100

FILED  
97 JUN 27 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (9/96)