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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300005765 (1)

FLORIDA FIBEROPTIC SERVICES, INC.

Principal Place	e of Business	Mailing Address		1 RODAINON ING FORMA HAID ORAIA ORAIA TORA	BOULL BOLDE BUILD HADER BUILD BUILD TOOL
38221 S.R.19 UMATILLA FL 3 US	2784	36221 S.R.19 UMATILLA FL 32784-6363 US			
				Date Incorporated or Qualified 01/20/1993	3a. Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	S. MACOILL AVE		. MAKOILL I	℃ 59-3161632	Not Applicable
Suite, Apt. 22 (72	5	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	MPA FI	City & State	192	 Election Campaign Financing Trust Fund Contribution 	\$5.00 May Be Added to Fees
Zip 24 330			Country 30		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
FRETWELL, DEWEY R JR					
UMATILLA FL 32784			ress (P.O. Box Number Is Not Acceptab	le)	
			63		
			84 City		FL 85 Zip Code
11 Purcuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statuter	the above named corr	poration submits this statement for the p	
office or r	egistered agent, or both, in the State of	of Florida. Such change was au	thorized by the corporal	tion's board of directors. I hereby accep	of the appointment as registered
agent Fa	mifamiliar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statutes,		
SIGNATURE	Signature typed or pented name of registered agent	and title if applicable (NOTE:	Registered Agen) signature requi	red when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
THLE	PTSO	DELETE	1.1 TITLE ·	:	Change Addition
NAME	FRETWELL, DEWEY R JR		1.2 NAME		
STREET ADDRESS	38221 S.R.19		1.3 STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL		1.4 CITY-SY-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STHEEL ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZiP			2. 4 CITY-ST-ZIP		
1th.F		☐ DELETE	3.1 TITLE		Change Addition
KAME .			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		,
C-TY-ST-ZIP			3.4. CITY-\$T-ZIP		
TITLE		L DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREEL ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		F"] DETEIE	5.1 TITLE		Ti puranda Ti vogition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	A STATE OF THE STA	DELETE	5.4 CITY - \$1 - ZIP		Change Addition
TITLE		F"] DEFEIG	6.1 TITLE		Fiterentβa Fiterent(10ti i
NAME.			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1

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.