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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300007246 (0)

CHRIS-TEL COMPANY OF SOUTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address 1850 BOY SCOUT OR 1850 BOY SCOUT DR STE 205 **STE 205** DO NOT WRITE IN THIS SPACE FORT MYERS FL 33901 FORT MYERS FL 33901 3. Date Incorporated or Qualified 01/29/1993 2. Principal Place of Business Mailing Address FEI Number Applied For 65-0384539 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ∏ No 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WHEELER, HOWARD L JR. 1850 BOY SCOUT DR Street Address (P.O. Box Number is Not Acceptable) **STE 205** 83 FORT MYERS FL 33901 84 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE WHEELER, HOWARD L 1.2 NAME NAME 1850 BOYSCOUT DR, #205 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS FL 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE

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 receivor 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 for or an attachment with an address.

3.2 NAME

4.1 TITLE 4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE 6.2 NAME

DFLETE

DELETË

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4. CITY - ST - ZIP

Have as 1 War as 1-16-98 941-936-5005

CR2E034 (10/97

☐ Change

Change

Change

Addition

Addition

Addition

FILED

Jan 28 1998 8:00am

Secretary of State