

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO PENALTY: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 18 AM 8:18

DOCUMENT # P93000026646 (8)

1. Corporation Name

COMMUNICATION SALES INC.

Principal Place of Business

4475 US 1 SOUTH
ST AUGUSTINE FL 32086
US

Mailing Address

4475 US 1 SOUTH
ST AUGUSTINE FL 32086
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/06/1993	3a. Date of Last Report 04/08/1994
4. FEI Number 59-3181026	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PACKO, ROBIN L
5789 CEDAR RD.
ST. AUGUSTINE FL 32084

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	PACKO, BERNARD M	1.2 NAME	
STREET ADDRESS	5789 CEDAR RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL 32084	1.4 CITY - ST - ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	PACKO, ROBIN L	2.2 NAME	
STREET ADDRESS	5789 CEDAR RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL 32084	2.4 CITY - ST - ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHFFER, WILLIAM	3.2 NAME	
STREET ADDRESS	7780 A1A SOUTH, UNIT 404	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL 32086	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/95 794-5014

CR2E034 (3/95)