

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000033445 (6)

1. Corporation Name

TELECRAFT, INC.

FILED

95 JAN 27 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

101 OLD FERRY RD.
UNIT 31A
SHALIMAR FL 32579
US

101 OLD FERRY RD.
UNIT 31-A
SHALIMAR FL 32579
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/06/1993

3a. Date of Last Report

01/25/1994

4. FEI Number

03-0336239

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

21 101 OLD FERRY RD.

2a. Mailing Address

26 101 OLD FERRY ROAD

Suite, Apt. #, etc.

22 UNIT 17-C

Suite, Apt. #, etc.

27 UNIT 17-C

City & State

23 SHALIMAR FL

City & State

28 SHALIMAR FL

Zip

24 32579

Country

25 US

Zip

29 32579

Country

30 US

9. Name and Address of Current Registered Agent

BARNETT, JANET
101 OLD FERRY RD.
APT. 21-C
SHALIMAR FL 32579

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

Janet Barnett, Vice President

1-21-95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DOT
NAME BARNETT, FREDERICK E.
STREET ADDRESS 101 OLD FERRY RD., APT. 21-C
CITY-ST-ZIP SHALIMAR FL

TITLE PVS
NAME BARNETT, JANET
STREET ADDRESS 101 OLD FERRY RD., APT. 21-C
CITY-ST-ZIP SHALIMAR FL

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 DPT
1.2 NAME BARNETT, FREDERICK E.
1.3 STREET ADDRESS 101 OLD FERRY RD, APT 21-C
1.4 CITY-ST-ZIP SHALIMAR FL 32579
☒ Change ☐ Addition

2.1 TITLE VS
2.2 NAME BARNETT, JANET
2.3 STREET ADDRESS 101 OLD FERRY RD, APT 21-C
2.4 CITY-ST-ZIP SHALIMAR, FL 32579
☒ 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 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)(b), 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:

Janet Barnett, Vice President

1-21-95

904-651-3935

(Signature and typed or printed name of director or officer on corporation)

Date

(Telephone #)