

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90050 039 ***150.00

DOCUMENT # P93000033445

1. Corporation Name
TELECRAFT, INC.



Principal Place of Business

101 OLD FERRY ROAD
UNIT 17-C
SHALIMAR FL 32579
US

Mailing Address

101 OLD FERRY ROAD
UNIT 17-C
SHALIMAR FL 32579
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1993

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 101 OLD FERRY ROAD

2a. Mailing Address

26 101 OLD FERRY ROAD

Suite, Apt. #, etc.

22 UNIT 26-C

Suite, Apt. #, etc.

27 UNIT 26-C

City & State

23 SHALIMAR FL

City & State

28 SHALIMAR FL

Zip

24 32579

Country

25 OKALOOSA

Zip

29 32579

Country

30 OKALOOSA

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 JANET BARNETT, VICE-PRESIDENT

5 JAN 99

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 with all other like empowered.

SIGNATURE: *Frederick E. Barnett* FREDERICK E. BARNETT, PRESIDENT

5 JAN 99 850 651 3935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)