

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000053983 (1)

1. Corporation Name

COMMUNICATION STRATEGIES, INC.



Principal Place of Business

Mailing Address

520 W HIWAY 436  
SUITE 1108  
ALTAMONTE SPRINGS FL 32714  
US

520 W HIWAY 436  
SUITE 1108  
ALTAMONTE SPRINGS FL 32714  
US

3. Date Incorporated or Qualified  
07/29/1993

3a. Date of Last Report  
10/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3193353

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 ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARUTHERS, W.S. JR.  
240 STEVENAGE DRIVE  
LONGWOOD FL 32779

81 Name

W.S. CARUTHERS, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

1228 FOX FOREST CIRCLE

83

84 City

APOPKA

FL

85 Zip Code

32712

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

*W.S. Caruthers Jr.*

W.S. CARUTHERS JR

4/17/96

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

DELETE

NAME

WILLIAMS, JAMES R

STREET ADDRESS

2434 SWEETWATER COUNTRY CLUB DRIVE

CITY-ST-ZIP

APOPKA FL 32712

TITLE

D

DELETE

NAME

CARUTHERS, W S JR

STREET ADDRESS

240 STEVENAGE DR

CITY-ST-ZIP

LONGWOOD FL 32779

TITLE

D

DELETE

NAME

WILLIAMS, JAMES C

STREET ADDRESS

1214 BAYPOINT COURT

CITY-ST-ZIP

LONGWOOD FL 32779

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change ☐ Addition ☐

Change ☒ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

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 119.07(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:

*W.S. Caruthers Jr.*

W.S. CARUTHERS JR

4/17/96

(407) 869-5511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)