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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Mar 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **P93000065885** (4)

QCI INC.

SIGNATURE:

Principal Place of Business Mailing Address 1314 S.E. 15TH TERRACE 1314 S.E. 15TH TERRACE **CAPE CORAL FL 33990-6706** CAPE CORAL FL 33990 3. Date Incorporated or Qualified 3a. Date of Last Report 09/14/1993 06/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0438415 21 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Country $Z_{\rm ID}$ Zip 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WICKES, JOHN H 1314 S.E. 15TH TERRACE Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33990 83 84 City 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, typed or profind name of registered agent and (the if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. PVD DELETE Addition 1.1 TITLE ☐ Change TELE wickes, John H NAME 1.2 NAME **32E034** 1314 S.E. 15TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL CITY - \$1 - 246 1.4 CITY-ST-ZIP STD DELETE Change Addition THE 2.1 TITLE CABANA, CLAUDETTE NAME 2.2 NAME 1314 S.E. 15TH TERRACE STREET ADDRESS 2.3 STREET ADORESS CAPE CORAL FL CITY-ST 2.4 CITY-ST-ZIP DELETE Change Addition Talle 31 TITLE 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY - \$1-7H DELETE Addition 4.1 TITLE Change TIBLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET 40 Joses 4.4 CITY - ST - ZIP CITY - \$1 - 762 DELETE Change Addition TIT.E 5.1 TITLE MANAG 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - \$1 - 70° DELETE Change Addition 61 TITLE TITLE MAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-SI-7P 6.4 CITY - ST - ZIP

14. I do 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