

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

55 MAY -1 AM 8:55

DOCUMENT # **P93000072660 (2)**

1. Corporation Name

BCD COMMUNICATIONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**7750 PROFESSIONAL PLACE
TAMPA FL 33637**

Mailing Address

**7750 PROFESSIONAL PLACE
TAMPA FL 33637**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3207078

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 § 199.04, Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt. # etc.

State Apt. # etc.

22

27

City & State

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUBBARD, C. DOUGLAS
7750 PROFESSIONAL PL
TAMPA FL 33637**

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

(Signature of Current Registered Agent or Director)

(Signature of New Registered Agent or Director)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

**BARLOW, CLARK
7750 PROFESSIONAL PLACE
TAMPA FL**

STREET ADDRESS

CITY, ST, ZIP

TITLE

DV

NAME

**BARLOW, WILLIAM E.
7750 PROFESSIONAL PL
TAMPA FL**

STREET ADDRESS

CITY, ST, ZIP

TITLE

DST

NAME

**HUBBARD, C. DOUGLAS
7750 PROFESSIONAL PL
TAMPA FL**

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

7. TITLE

7. NAME

7. STREET ADDRESS

7. CITY, ST, ZIP

DELETE AS AN OFFICER

LEAVE AS DIRECTOR

DELETE NO LONGER
AN OFFICER OR DIRECTOR

DIRECTOR/PRESIDENT

VICE-PRESIDENT OF FINANCE/SECRETARY
**PEGGY H. SMITH
1402 OAKWOOD LANE EAST
PLANT CITY, FL 33566**

VICE-PRESIDENT OF OPERATIONS
**CARL A. ANTHONY
103 FOXWOOD DRIVE
BRANDON, FL 33510**

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.02(3)(a), Florida Statutes. I further certify that the information contained on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it has under oath that I am an officer or director of the corporation or the receiver or trustee empowered to recede this report as required by Chapter 1907, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Peggy H. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEGGY H. SMITH

5/1/95

813-985-0003