

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Aug 12 1998 8:00am  
Secretary of State

DOCUMENT # **P94000033873 (8)**  
1. Corporation Name

**LYCOMM COMMUNICATIONS, INC.**



Principal Place of Business

~~505 S. MAGNOLIA AVE~~  
~~TAMPA FL 33606~~  
~~US~~

Mailing Address

~~505 S. MAGNOLIA AVE~~  
~~TAMPA FL 33606~~  
~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **6990 LAKE ELLENOR DR**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **2535 SUCCESS DR**  
Suite, Apt. #, etc.

City & State

23 **ORLANDO FL**

City & State

28 **ODESSA FL**

Zip

24 **32809**

Country

25 **ORANGE**

Zip

29 **33556**

Country

30 **PASCO**

3. Date Incorporated or Qualified

**05/05/1994**

4. FEI Number

**59-3239304**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~JACOBS, RICHARD O~~  
~~13577 FEATHER SOUND DR.~~  
~~SUITE 300~~  
~~CLEARWATER FL 34622~~

10. Name and Address of New Registered Agent

81 Name **RICHARD W BAKER**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2535 SUCCESS DRIVE**  
83  
84 City **ODESSA** FL 85 Zip Code **33556**

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 **Richard W Baker**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **7/21/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LYCAN, NANCY	
STREET ADDRESS	2413 BAYSHORE BLVD #802	
CITY-ST-ZIP	TAMPA FL	
TITLE	<del>0</del>	<input checked="" type="checkbox"/> DELETE
NAME	LYCAN, MERIAM	
STREET ADDRESS	505 S MAGNOLIA AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	C. THOMAS BURTON JR	
1.3 STREET ADDRESS	50 W. LIBERTY STE 650	
1.4 CITY-ST-ZIP	RENO NV 89501	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN CRADDOCK	
2.3 STREET ADDRESS	6990 LAKE ELLENOR DR	
2.4 CITY-ST-ZIP	ORLANDO FL 32809	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

**Richard W Baker**

7-27-98

407-816-5220

CR2E034 (5/98)