

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

FILED

Apr 22 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000039760 (1)

1. Corporation Name
TEL COM SALES, INC.

Principal Place of Business

14502 N. DALE MABRY HIGHWAY
STE. 200
TAMPA FL 33618

Mailing Address

14502 N. DALE MABRY HIGHWAY
STE. 200
TAMPA FL 33618-20723. Date Incorporated or Qualified
05/23/19943a. Date of Last Report
04/11/1996

2. Principal Place of Business

21 5120-D E. ADAMO DR

Suite, Apt. #, etc.

22

City & State

23 TAMPA, FL

24

Zip

25 33619

Country

2a. Mailing Address

26 5120-D E. ADAMO DR

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FL

29

Zip

30 33619

Country

4. FEI Number

59-3242699

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CLARK, RICHARD
14502 N. DALE MABRY HIGHWAY
STE. 200
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

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

5120-D E. ADAMO DR

83

84 City
TAMPA

FL

85

Zip Code
33619

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 D. Clark

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 D ☐ DELETE
NAME CLARK, RICHARD
STREET ADDRESS 14502 N. DALE MABRY HIGHWAY
CITY-ST-ZIP TAMPA FL 33618TITLE ☒ DELETE
NAME FIELD, STEPHEN
STREET ADDRESS 14502 N. DALE MABRY HIGHWAY
CITY-ST-ZIP TAMPA FL 33618TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 5120-D E. ADAMO DR
1.4 CITY-ST-ZIP TAMPA, FL 336192.1 TITLE D ☐ Change ☒ Addition
2.2 NAME GEORGE E. CREEL
2.3 STREET ADDRESS 5120-D E. ADAMO DR
2.4 CITY-ST-ZIP TAMPA, FL 336193.1 TITLE JOHN E. GUNN(D) ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS 5120-D E. ADAMO DR
3.4 CITY-ST-ZIP TAMPA, FL 336194.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

Richard D. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)