

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PH 2:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000050544 (3)
1. Corporation Name
COMMUNICATION CENTRAL, INC.

Principal Place of Business Mailing Address
9257 Lazy Lane 9257 Lazy Lane
Tampa, FL 33614 Tampa, FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
6/30/94

| | | | |
|---|--|---|--|
| 2. Principal Place of Business 21 9257 Lazy Lane State, Apt #, etc | 2a. Mailing Address 26 9257 Lazy Lane State, Apt #, etc | 4. FEI Number 31-736-0420 EIN# 59-3254209 | Applied For <input type="checkbox"/> Not Applicable |
| 22 City & State Tampa, FL | 27 City & State Tampa, FL | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 City & State Tampa, FL | 28 City & State Tampa, FL | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 Zip 33614 | 25 Country USA | 29 Zip 33614 | 30 Country USA |

| | | | |
|--|---|--|-------------|
| 9. Name and Address of Current Registered Agent McBATH & SWARENS PA 1301 W. Fletcher Ave Suite B Tampa, FL 33612 | | 10. Name and Address of New Registered Agent | |
| B1 Name | B2 Street Address (P.O. Box Number is Not Acceptable) | B3 | B4 City |
| | | FL | B5 Zip Code |

11. Pursuant to or register familiar with of Sections 607.0501, in the State of 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office. If a change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am 15, Florida Statutes.

SIGNATURE: **McBath & Swarens, PA** DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE P/VP/S/T/D | NAME Janet E. Owen | 11 TITLE P/VP/S/T/D | 12 NAME Janet E. Owen P/VP/S/T/D |
| STREET ADDRESS 9257 Lazy Lane | CITY ST ZIP 9257 Lazy Lane Tampa, FL 33614 | 13 STREET ADDRESS 9257 Lazy Lane | 14 CITY ST ZIP Tampa, FL 33614 |
| TITLE | NAME | 21 TITLE | 22 NAME |
| STREET ADDRESS | CITY ST ZIP | 23 STREET ADDRESS | 24 CITY ST ZIP |
| TITLE | NAME | 31 TITLE | 32 NAME |
| STREET ADDRESS | CITY ST ZIP | 33 STREET ADDRESS | 34 CITY ST ZIP |
| TITLE | NAME | 41 TITLE | 42 NAME |
| STREET ADDRESS | CITY ST ZIP | 43 STREET ADDRESS | 44 CITY ST ZIP |
| TITLE | NAME | 51 TITLE | 52 NAME |
| STREET ADDRESS | CITY ST ZIP | 53 STREET ADDRESS | 54 CITY ST ZIP |
| TITLE | NAME | 61 TITLE | 62 NAME |
| STREET ADDRESS | CITY ST ZIP | 63 STREET ADDRESS | 64 CITY ST ZIP |

*****200.00 *****200.00

RECEIVED MAY 1 1995

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 110.07(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 attached sheet with an address.

SIGNATURE: *Janet E. Owen* DATE: **6/1/95**