

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90150 032 \*\*\*150.00

DOCUMENT # P94000073163 (5)

1. Corporation Name

Communications Consulting Group, Inc.

Principal Place of Business

725 Montana Street  
Orlando, FL 32803

Mailing Address

725 Montana Street  
Orlando, FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1994

2. Principal Place of Business

21 838 Millrace Point

Suite, Apt. #, etc.

22

City & State

23 Longwood, FL

Zip Country

24 32750 25 Seminole

2a. Mailing Address

26 P. O. Box 953083

Suite, Apt. #, etc.

27

City & State

28 Lake Mary, FL

Zip Country

29 32795 30 Seminole

4. FEI Number

59-3274199

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

Werley, Cheryl A.  
725 Montana Street  
Orlando, FL 32803

10. Name and Address of New Registered Agent

81 Name

Ruth E. Shively

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

838 Millrace Point

83

84 City

Longwood

FL

85 Zip Code

32750

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

*Ruth E. Shively*  
Signature, typed or printed name of registered agent and title if applicable

Ruth E. Shively, President

4/22/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME Shively, Ruth E.

STREET ADDRESS 3 Horseman Cove

CITY-ST-ZIP Longwood, FL 32750

TITLE D ☒ DELETE

NAME Werley, Cheryl

STREET ADDRESS 465 Werley Trail

CITY-ST-ZIP Orange City, FL 32774

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Shively, Ruth E.

1.3 STREET ADDRESS 838 Millrace Point

1.4 CITY-ST-ZIP Longwood, FL 32750

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Ruth E. Shively*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruth E. Shively, President

4/22/99 407-339-2702

Date

Daytime Phone #

CR2E034 (11/98)