

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY 19 AM 10:15

DOCUMENT # P94000093984 (0)

1. Corporation Name

RECOMM OPERATIONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7650 COURTNEY CAMPBELL CAUSEWAY
SUITE 1050
TAMPA FL 33607

7650 COURTNEY CAMPBELL CAUSEWAY
SUITE 1050
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/28/1994

4. FEI Number

62-1587793

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Electronic Copyright Clearance
Fund (ECCF) Contribution

☐

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

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite Apt # etc.

Suite Apt # etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUNNELLS, KENT
915 OAKFIELD DRIVE
SUITE F
BRANDON FL 33511**

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 607.0507 and 607.1506, 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 Agent or Registered Agent and the Corporation

Signature of Agent or Registered Agent and the Corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CARTER, JESSE
STREET ADDRESS	7650 COURTNEY CAMPBELL CSWY, STE. 1050
CITY, ST, ZIP	TAMPA FL 33607
TITLE	DV
NAME	KELLISH, ROBERT
STREET ADDRESS	7650 COURTNEY CAMPBELL CSWY, STE. 1050
CITY, ST, ZIP	TAMPA FL 33607
TITLE	DST
NAME	BRADDOCK, SANDRA
STREET ADDRESS	7650 COURTNEY CAMPBELL CSWY, STE. 1050
CITY, ST, ZIP	TAMPA FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL INFORMATION	☐ Change ☐ Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.03(2)(b) Florida Statutes. I further certify that the information included 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 this corporation or the owner 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 or changed, or on an attachment with an address.

SIGNATURE:

Robert J. Kellish Robert J. Kellish V.P. May 11 '95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Block