

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000011531 (7)

1. Corporation Name

CONQUEST TELECOM, INC.



Principal Place of Business

Mailing Address

31597 U.S. 19 NORTH
PALM HARBOR FL 34684

31597 U.S. 19 NORTH
PALM HARBOR FL 34684

3. Date Incorporated or Qualified

02/10/1995

3a. Date of Last Report

2. Principal Place of Business

21 2340 ANNA AVE

Suite, Apt. #, etc.

22 City & State

23 CLEARWATER, FL

Zip

24 34625

Country

25 PINELLAS

2a. Mailing Address

26 2340 ANNA AVE

Suite, Apt. #, etc.

27 City & State

28 CLEARWATER, FL

Zip

29 34625

Country

30 PINELLAS

4. FEI Number

59-3299236

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

KELLER, MITCHELL S
31597 U.S. 19 NORTH
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

82 MICHAEL E. MONROE

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

2340 ANNA AVE

84 City

CLEARWATER

FL

85 Zip Code

34625

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 *Michael E. Monroe*

Signature type for printed name of registered agent and date of signature

Michael E. Monroe

(NOTE: Registered Agent signature required when reinstating)

7/26/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KELLER, MITCHELL S
STREET ADDRESS 31597 U.S. 19 NORTH
CITY - ST - ZIP PALM HARBOR FL 34684 ☒ DELETE

TITLE D
NAME MONROE, MICHAEL
STREET ADDRESS 31597 U.S. 19 NORTH
CITY - ST - ZIP PALM HARBOR FL 34684 ☐ DELETE

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

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE D/P ☒ Change ☐ Addition
22 NAME MONROE, MICHAEL E.
23 STREET ADDRESS 2340 ANNA AVE
24 CITY - ST - ZIP CLEARWATER, FL 34625

31 TITLE SECRETARY/TREASURER ☐ Change ☒ Addition
32 NAME MICHELLE L. MONROE
33 STREET ADDRESS 2340 ANNA AVE
34 CITY - ST - ZIP CLEARWATER, FL 34625

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 Section 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael E. Monroe* *Michael E. Monroe* 7/26/96 813-762353 CM14

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #

CR2E034 (3/96)