

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000015876 (2)

1. Corporation Name

C.C.W. TELEPHONE, INC.



Principal Place of Business

1477 CRAIG COURT  
PORT ORANGE FL 32119

Mailing Address

1477 CRAIG COURT  
PORT ORANGE FL 32119

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

DUDLEY, JOSEPH P  
403 DOWNING STREET  
NEW SMYRNA BEACH FL 32168

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/24/1995

3a. Date of Last Report

4. FLI Number

69-329 9690

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

10. Name and Address of New Registered Agent

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

Signature of registered agent or registered agent and the corporation

Signature of Registered Agent's signature responsible for filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change ☐ Addition

TITLE

P

NAME

CULLEN, STUART

STREET ADDRESS

3909 S. PENINSULA DRIVE

CITY- ST- ZIP

DAYTONA BEACH FL 32127

TITLE

VT

NAME

WEHNER, HENRY O III

STREET ADDRESS

1477 CRAIG COURT

CITY- ST- ZIP

PORT ORANGE FL 32119

TITLE

S

NAME

CUJKO, JAMES F

STREET ADDRESS

1328 GOLF VIEW DRIVE

CITY- ST- ZIP

DAYTONA BEACH FL 32114

TITLE

☐ DELETE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

904-788-2089

Date

Daytime Phone

CR2E034 (12/95)