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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 24 1997 8:00am Secretary of State

DOCUMENT # **P95000016116 (2)**

COMMUNICATION SERVICES & SOLUTIONS, INC. Principal Place of Business Mailing Address 1087 CRESTDALE ST. JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 1087 CRESTDALE ST. JACKSONVILLE FL 32211					 					
							3. Date Incorporated or Qualified 02/27/1995	,	e of Last I	
1	Piace of Business	∤ ~—,	g Address				4. FEI Number		A	pplied For
Saite, Ap	t # etg.	Suite,	Apt. #, etc.				59-3299665			lot Applicable Additional
2		27	·				5. Certificate of Status Desired			lequired
City & St.	ale	City 8	State				6. Election Campaign Financing Trust Fund Contribution	\Box		May Be I to Fees
Zip	Country	Zip		Cou	ntry		8. This corporation has liability for			
24	[25]	29		30		<u></u>	Florida Statutes	Yes [] No	
	9. Name and Address of Curre NUSCHMAN, ALBERT E JR.	ent Registered /	Agent		81 N	Name	10. Name and Address of New R	egistered A	gent	
	215 SOUTH 3RD ST.			l			non (D.O. Boy Number in Not Accepte	hlal		
8	SUITE 101					street Addit	ess (P.O. Box Number is Not Accepta	idie)		
J	ACKSONVILLE BEACH FL 32250)		1	B3					
				ţ	84 C	City		FL	85 Zip	Code
off-ce o	ring stered agent or both, in the Sta	te of Florida, Suc	8, Florida Statu ch change was	ites, the at authorized	ove-na	amed corpo le corporati	oration submits this statement for the on's board of directors. I hereby accepts	ept the appo	intment a	s registered
SIGNATURE	So the weighted or printed name or registered a	igent and title if applica	able (NO	TE: Flegistered			oration submits this statement for the on's board of directors. I hereby acce ad when reinstating)	DATE		
SIGNATURE	Suppose typed or printed name or registred a OFFICERS A		nible (NO	TE: Registered	l Agent si			DATE CERS AND	DIRECTO	RS IN 12
SIGNATURE 12.	So the weighted or printed name or registered a	igent and title if applica	able (NO	TE: Flegistered	l Agent si		ed when feinstating)	DATE CERS AND		RS IN 12
SIGNATURE 12. 1416 NAME	OFFICERS A D BRANCH, JAMES B 1087 CRESTDALE ST.	igent and title if applica	nible (NO	13. 1.1 TII 1.2 NA	l Agent si	ignature require	ed when feinstating)	DATE CERS AND	DIRECTO	RS IN 12
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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: UNION MEDICAL AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR DONA M. BRANCH 4/15/17 904-724-0720

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