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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

1996		D.VISION OF CORPORATIONS						
DOCUMENT # P95000020053 (1)  1. Corporation Name								
KALLMART TELECO	OM, INC.							
Principal Place of Business	Muii	ing Address						
7025 S TROPICAL TRAIL MERRITT ISLAND FL 32952		7025 S TROPICAL TRAIL MERRITT ISLAND FL 32952						



7025 S TROP MERRITT ISL		7025 S TROPICAL TRAIL MERRITT ISLAND FL 329	52			T2 757 70		
					3. Date incorporated or Qualified 03/10/1995	3a. Date of L		
2. Principal Place	of Business	a. Maiting Address		0	4. FEI Number		Applied For	
	lighway AIA, 20	176 High	way	AIA	59-3297587		Not Applicable	
Suite, Apt. #,	etc) _ /	Suite Apt. #, etc.	-A		5. Certificate of Status Desired	<b>\$</b>	8.75 Additional Fee Required	
Soite City & State Satell	i	Oity & State	bcacl	1, FL	Election Campaign Financing     Trust Fund Contribution		55.00 May Be Added to Fees	
Zip	Country	711)	Country	1		⊠No		
4 321	9. Name and Address of Current Re		-1 - <b>41</b>	<u> </u>	10. Name and Address of New F	tegistered Age	nt	
		F	81	Name				
WALDRON, TOM D			82	82 Street Address IP.O. Box Number is Not Acceptable)				
	JU GALLIE BLVD. #205		83	P3				
MELBOU	JRNE FL 32935						1	
			84	City		FL  8	5 Zip Code	
CONTRACTOR	and accept the obligations of Section 6	क्टरीक्षेत्रक अर्थे स्थापित ।		nt saya'al ake ke a de	( where the solution)	(ATE	DECTORS IN 12	
12.	OFFICERS AND DI	RECTORS	13.		ADDITIONS/CHANGES TO OF		hange Addition	
TITLE	PSD	☐ DELETE	1 1 ToTLE			L c	mange [_] Addition	
NAME	CLIFFORD, MICHAEL K		1.2 NAME					
STREET ADDRESS	7025 S TROPICAL TRAIL			LADOMESS				
CITY - ST - ZIP	MERRITT ISLAND FL 32952		1400h -	51 - ZIF			hange Addition	
TITLE	VTD	DEFEIF	2 1 11'LF					
NAME	HUIE, DAVID L		2.2 NAME	LADORESS.				
STREET ADDRESS	7025 S TROPICAL TRAIL							
CITY - ST - ZIP	MERRITT ISLAND FL 32952	☐ DELETE	24 CITY - 3-1 TILE	51 - 711			Change 🔲 Addition	
TITLE		£	3.2 NAME					
NAME CARSET ADDRESS			1	ET ADDRESS				
STREET ADDRESS			3.4 City -	ST-ZIP				
CITY-ST-ZIP TITLE		DELETF	4 1 31 t.E				Change Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE	EL ADOFESS				
CITY-ST-ZIP		. ,,	4 4 Cilly				Change	
TITLE		DELETE.	5.11/11/			Ü	Oriende 🔲 vanima	
NAME			5.2 NAM(					
STREET ADDRESS				ET ADDRESS				
CITY+ST-ZIP		F) Dreete	5 4 CHY		,		Change Additio	
TITLE		DETEIE	6 1 Tift	ì			, <b>L</b>	
NAME			6.2 NAM					
STREET ADDRESS				ET ADORESS				
CITY - ST - ZIP		At 1 Charlie and actually furnic	6 4 CITY	see not coughty	for the exemption stated in Section 1	19.07(3)(k), Florid	la Statutes. I further	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption state in addition. The same legal effect as if made under certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under carry 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

5-24-96 407-777-4222