

# 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 # **P95000026391 (9)**

1. Corporation Name  
**COMTEL SYSTEMS CORPORATION**



Principal Place of Business

POST OFFICE BOX 2322  
LAKE WALES FL 33859-2322

Mailing Address

POST OFFICE BOX 2322  
LAKE WALES FL 33859-2322

3. Date Incorporated or Qualified  
**03/30/1995**

3a. Date of Last Report

2. Principal Place of Business

21. **6801 N. 54th Street**  
Suite, Apt. #, etc.

2a. Mailing Address

26. Suite, Apt. #, etc.

22. City & State

23. **Tampa, FL**

27. City & State

28. City & State

24. Zip **33610**

Country

25. Zip

29. Zip

Country

4. FEI Number

**59-3304363**

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

**SHERMAN, KYLE D ESQ.  
244 EAST PARK AVENUE  
LAKE WALES FL 33859**

10. Name and Address of New Registered Agent

81. Name

**Michael Butler**

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

**244 E. Park Avenue**

83.

84. City

**Lake Wales,**

**FL**

85. Zip Code  
**33853**

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 Butler*

**Michael Butler**

**02/01/96**

12. OFFICERS AND DIRECTORS

TITLE **President** ☐ DELETE

NAME **Grimes, R. Michale**  
STREET ADDRESS **6801 N. 54th Street**  
CITY-STATE-ZIP **Tampa, FL 33610**

TITLE **Vice President** ☐ DELETE

NAME **Neal, Richard**  
STREET ADDRESS **6801 N. 54th Street**  
CITY-STATE-ZIP **Tampa, FL 33610**

TITLE **Secretary** ☐ DELETE

NAME **Patterson, Gilbert W.**  
STREET ADDRESS **6801 N. 54th Street**  
CITY-STATE-ZIP **Tampa, FL 33610**

TITLE **Treasurer** ☐ DELETE

NAME **Borglund, Terry R.**  
STREET ADDRESS **244 E. Park Avenue**  
CITY-STATE-ZIP **Lake Wales, FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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: *Terry R. Borglund*

**Terry R. Borglund, Treasurer**

**02/01/96 (941) 623-3974**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)