

3-13 98 B: 3201 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000026391 (9)**

1. Corporation Name
COMTEL SYSTEMS CORPORATION

Principal Place of Business

Mailing Address

~~POST OFFICE BOX 3232
LAKE WALES FL 33850-3232~~

~~POST OFFICE BOX 3232
LAKE WALES FL 33850-3232~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 6801 N. 54th Street

Suite, Apt. #, etc.

22

City & State

23 Tampa, FL 33610

Zip

24 33610

Country

25 Hillsborough

2a. Mailing Address

26 6801 N. 54th Street

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33610

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

**CORPAMERICA INC
1525 SOUTH ANDREWS AVE
SUITE 216
FT LAUDERDALE FL 33316**

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Secretary
NAME	BUTLER, MICHAEL R	1.2 NAME	Jennifer W. Christenberry
STREET ADDRESS	6801 N 54TH ST	1.3 STREET ADDRESS	6801 N. 54th Street
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL
TITLE	VP	2.1 TITLE	
NAME	BENNETT, C MICHAEL	2.2 NAME	
STREET ADDRESS	6801 N 54TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	PATTERSON, GILBERT W	3.2 NAME	
STREET ADDRESS	6801 N. 54TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	BORGLUND, TERRY R	4.2 NAME	
STREET ADDRESS	244 E. PARK AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address

SIGNATURE: *Jennifer W. Christenberry* Jennifer W. Christenberry 3/9/98 813 623-3974

CR2E034 (10/97)