

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90006 021 ***150.00

DOCUMENT # P95000027251

1. Corporation Name

COMMUNICATIONS INFORMATION SERVICES, INC.

Principal Place of Business

901 NORTHPOINT PARKWAY
SUITE 300
WEST PALM BEACH FL 33407

Mailing Address

901 NORTHPOINT PARKWAY
SUITE 300
WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1995

4. FEI Number

~~59-3314159~~ 59-3314154

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 617 NW 20 AVE

Suite, Apt. #, etc.

22 City & State

23 GAINESVILLE FL

Zip Country

24 32609 25

2a. Mailing Address

26 617 NW 20 AVE

Suite, Apt. #, etc.

27 City & State

28 GAINESVILLE FL

Zip Country

29 32609 30

9. Name and Address of Current Registered Agent

JOHNSON, RICHARD
3035 NE 21ST WAY
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name

Nicholas T. Schroeder

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

4010-D Newberry Road

83

84 City

GAINESVILLE

FL

85 Zip Code

32607

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, to 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 607.0502, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P JOHNSON, ALEXANDRA O.

STREET ADDRESS 3514 NE 183 LANE

CITY-ST-ZIP GAINESVILLE FL 32609

TITLE ☐ DELETE

NAME T DIPIETRO, JOSEPH M

STREET ADDRESS 3514 NE 183RD LN

CITY-ST-ZIP GAINESVILLE FL 32609

TITLE ☐ DELETE

NAME VP MAGRILL, KYLE

STREET ADDRESS 3716 SW 3RD PL

CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ DELETE

NAME S JOHNSON, ROBERT

STREET ADDRESS 4000 SW 47TH ST

CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph M. DiPietro 2-1-99 352-371-4288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)