

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 # P95000033388 (6)

1. Corporation Name

WIRECOMM INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

RT. 4, BOX 6793
CRAWFORDVILLE FL 32327

RT. 4, BOX 6793
CRAWFORDVILLE FL 32327

3. Date Incorporated or Qualified

04/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 1616 CRAWFORDVILLE HWY
23 CRAWFORDVILLE, FL
24 32327
25 WAKULLA
26 Suite, Apt. #, etc.
27 P.O. Box 1717
28 CRAWFORDVILLE, FLORIDA
29 32326
30 WAKULLA

4. FEI Number

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

10. Name and Address of New Registered Agent

THOMPSON, THOMAS R
2868 REMINGTON GREEN CIRCLE
SUITE B
TALLAHASSEE FL 32308

81 Name

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

83

84 City

FL

85 Zip Code

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|-----------------|--|-------------|--------------------------|
| D | MCKAYE, RON | %RT. 4, BOX 6793 CRAWFORDVILLE FL 32327 | | <input type="checkbox"/> |
| D | O'HAYON, ROBERT | %RT. 4, BOX 6793 CRAWFORDVILLE FL 32327 | | <input type="checkbox"/> |
| D | MORTEZ, AUBREY | %RT. 4, BOX 6793 CRAWFORDVILLE FL 32327 | | <input type="checkbox"/> |
| D | AUSTIN, KEVIN | %RT. 4, BOX 6793 CRAWFORDVILLE FL 32327 | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE | Change | Addition |
|-------|-----------------|---|-------------|--------------------------|-------------------------------------|--------------------------|
| D | MCKAYE, RON | 1616 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D | O'HAYON, ROBERT | 1859-C BEAVER RIDGE CIRCLE NORCROSS, GA 30071 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D | MORTEZ, AUBREY | 1616 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D | AUSTIN, KEVIN | 1859-C BEAVER RIDGE CIRCLE NORCROSS, GA 30071 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96 904-926-8600

CR2E034 (12/95)

9m
3-13-96