

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 # P95000034889 (2)

1. Corporation Name

TOTAL COMMUNICATION CONCEPTS GROUP, INC.

Principal Place of Business

820-D MEADOWLAND DRIVE  
NAPLES FL 33963

Mailing Address

820-D MEADOWLAND DRIVE  
NAPLES FL 33963



3. Date Incorporated or Qualified

05/04/1995

3a. Date of Last Report

2. Principal Place of Business

21 6301 SHIRLEY ST

Suite, Apt. #, etc.

22 SUITE #3

City & State

23 NAPLES, FLORIDA

Zip

24 33942

Country

25 COLLIER

2a. Mailing Address

26 6301 SHIRLEY ST

Suite, Apt. #, etc.

27 SUITE #3

City & State

28 NAPLES, FLORIDA

Zip

29 33942

Country

30 COLLIER

4. FEI Number

65-0588240

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 new, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
MCKELVEY, GARY L.  
STREET ADDRESS 820-D MEADOWLAND DRIVE  
CITY-ST-ZIP NAPLES FL 33963

TITLE ☐ DELETE

NAME STD  
MCKELVEY, JACK W.  
STREET ADDRESS 820-D MEADOWLAND DRIVE  
CITY-ST-ZIP NAPLES FL 33963

TITLE ☐ DELETE

NAME ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD  
MCKELVEY, GARY L.  
1.3 STREET ADDRESS 6301 SHIRLEY ST. SUITE #3  
1.4 CITY-ST-ZIP NAPLES, FLORIDA 33942

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME STD  
MCKELVEY, JACK W.  
2.3 STREET ADDRESS 6301 SHIRLEY ST. SUITE #3  
2.4 CITY-ST-ZIP NAPLES, FLORIDA 33942

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Jack W. McKelvey

Jack W. McKelvey

3/12/96

941-591-4164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)