

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

DOCUMENT # P95000045032

1. Corporation Name
LLB COMMUNICATIONS, INC.

Principal Place of Business
6730 MAYBOLE PLACE
TAMPA FL 33617-3832

Mailing Address
6730 MAYBOLE PLACE
TAMPA FL 33617-3832

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90066 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/06/1995

4. FEI Number
59-3311474

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 1001 S. Oregon Ave
Suite, Apt. #, etc.

2a. Mailing Address
26 1001 S. Oregon Ave.
Suite, Apt. #, etc.

22 City & State
23 Tampa, FL

27 City & State
28 Tampa, FL

24 Zip 33606 Country USA

29 Zip 33606 Country USA

9. Name and Address of Current Registered Agent

THOMPSON, JAMES H
STILES, TAYLOR & METZLER, P.A.
315 PLANT AVENUE
TAMPA FL 33606

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BARTON, LAURA L
STREET ADDRESS	6730 MAYBOLE PLACE
CITY-ST-ZIP	TAMPA FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	BARTON, MICHAEL
STREET ADDRESS	6730 MAYBOLE PLACE
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Same
1.3 STREET ADDRESS	1001 S. Oregon Avenue
1.4 CITY-ST-ZIP	Tampa, FL 33606
2.1 TITLE	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Same
2.3 STREET ADDRESS	1001 S. Oregon Ave
2.4 CITY-ST-ZIP	Tampa, FL 33606
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Laura L Barton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99 813-251-6269
Date Daytime Phone #

CR2E034 (1/1/98)