

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90018 044 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT



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

**1999** (L)

DOCUMENT # **P95000050205**

1. Corporation Name

**GEOCOMM INTERNATIONAL CORPORATION**

Principal Place of Business

**4565 COMMERCIAL DR  
SUITE D  
NICEVILLE FL 32578  
US**

Mailing Address

**4565 COMMERCIAL DR  
SUITE D  
NICEVILLE FL 32578  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/26/1995**

4. FEI Number

**59-3324035**

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.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERRI, DANIEL C  
5 CLIFFORD DR.  
SHALIMAR FL 32579**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **KNIGHTEN, THOMAS T**

STREET ADDRESS **1674 PARKSIDE CIR.**

CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **EVPD** ☐ DELETE

NAME **HERMAN, THOMAS C**

STREET ADDRESS **4538 SOUTH MINSTER CIRCLE**

CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **D** ☐ DELETE

NAME **VOLZER, HARVEY J**

STREET ADDRESS **3501 WAINSCOTT PLACE**

CITY-ST-ZIP **WOODBIDGE VA 22192**

TITLE **D** ☐ DELETE

NAME **MULFORD, JAMES O**

STREET ADDRESS **15 MOUNTAIN CEDAR LANE**

CITY-ST-ZIP **LITTLETON CO 80127**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NA

2.3 ST

2.4 CI

3.1 TI

3.2 N

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6.3

6.4

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Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 607.0502, Florida Statutes, 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: *Thomas T. Knighten*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS T. KNIGHTEN**

Date

**6/30/99 (850) 877-6778**

Daytime Phone #

CR2E034 (5/99)