

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071421 (8)

1. Corporation Name

TELEX CONSULTANTS, INC.



Principal Place of Business

1715 WINDY PINES DRIVE STE 4
NAPLES FL 33962

Mailing Address

1715 WINDY PINES DRIVE STE 4
NAPLES FL 33962

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

RICE, ROGER B
800 SEAGATE DRIVE STE 203
NAPLES FL 33940

3. Date Incorporated or Qualified

09/11/1995

3a. Date of Last Report

4. FEI Number

57-1032025

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

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Type or Print Name)

Signature of Registered Agent (Type or Print Name)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME MYERS, RICHARD M
STREET ADDRESS 1715 WINDY PINES DRIVE STE 4
CITY, ST, ZIP NAPLES FL 33962
2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

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

2-6-96 941-732-8877
Date Daytime Phone #

CR2E034 (12/95)