

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 # P95000080064 (5)

1. Corporation Name
TELEWAVE, INCORPORATED



Principal Place of Business
1300 NORTH BOULEVARD
TAMPA FL 33607

Mailing Address
P.O. BOX 4033
TAMPA FL 33677-4033

3. Date Incorporated or Qualified 10/16/1995	3a. Date of Last Report N/A
4. FEI Number 59-3347539	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

ROGERS, STYEPHEN L
1300 NORTH BOULEVARD
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 the date

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	2907 Bay to Bay Blvd., #200	1.2 NAME	
STREET ADDRESS	Tampa, FL 33629	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
NAME	Stephen L. Rogers	2.2 NAME	
STREET ADDRESS	1300 North Boulevard	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33607	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
NAME	Secretary/Treasurer/Director Fred Dobbins	3.2 NAME	
STREET ADDRESS	401 Jackson Street, 20th Floor	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33602	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
NAME	Director Donald W. Diehl	4.2 NAME	
STREET ADDRESS	4141 Bayshore Blvd, PH #1	4.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33611	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
NAME	Director Hilliard Eure, III	5.2 NAME	
STREET ADDRESS	1010 S. Lincoln Avenue	5.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33629	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
NAME	Director E. A. Ted Rogers	6.2 NAME	
STREET ADDRESS	1501 Hillview Drive	6.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34239	6.4 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
Stephen L. Rogers, President & CEO

June 20, 1996 813/254-9338

Date

Telephone Number

CR2E034 (12/95)