## 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 # P95000084821

WORD C	OMMUNICATIONS, INC.										
Principal Place of Business Mailing Address					<del></del>	( 1001)\$00 sin inini nitti antii 8011) editi aktoi antii nidelii					DATE IFAL SOME
1900 EAST BLO PENSACOLA FL	unt street	1900 EAST BLOUNT S PENSACOLA FL 3250									
								DO NOT W	RITE IN THIS	SPACE	
							3. Date Incorpor 11/01/1995		ed		
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number	•		<u> </u>	lied For
21		26					<u>59-334067</u>	0		<del></del>	Applicable
Suite, Apt. :	#, etc	Suite, Apt. #, etc	· -	-			5. Certificate of S	Status Desired		\$8.75 A Fee Rec	
City & State	9	City & State	·				6. Election Camp Trust Fund Co	-	, 🗆 –	\$5.00 i Added_to	
Zip	Country	Zip	С	ountry			8. This corporati	on owes the c	urrent year Inta	ngible	
24	25	29	30				Personal Prop				□No
.,	9. Name and Address of Current	Registered Agent		81			10. Name and A	ddress of Ne	w Registered A	Agent	
WORD, CAROLE S 1900 EAST BLOUNT STREET					Name Street	Address	s (P.O. Box Numb	er is Not Acce	eptable)		
PENSACOLA FL 32503											
				84	City				FL	85 Zip C	ode
office or re agent. I as SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State on farming with, and accept the obligat	of Florida. Such change to ions of, Section 607.052	was authoriz	ed by atutes	the corpo	oration's	s board of director	statement for t s. I hereby ac	he numose of a	changing its interest to the changing its interest as reg	registered istered
12.	OFFICERS AN		1:				ADDITIONS/CI	HANGES TO	OFFICERS AN	D DIRECTO	RS IN 12
TITLE	D	<b>X</b> QELE	TE 1.1	TITLE		D/F	RESIDENT	1600		Change	☐ Addition
NAME	WORD, CAROLE			NAME		CHA	ARLES M. WORD STREET				
STREET ADDRESS	1900 EAST BLOUNT STREET		1.3	STREE	TADORESS	1776	NSACOLA	F1 3	2503		
CITY-ST-ZIP	PENSACOLA FL 32503		1.4	CITY-S	T-ZIP	150	NS/tcolly	, , • •	_		
TITLE		☐ DELE	TE 2.1	TITLE						☐ Change	☐ Addition
NAME I			2.2	NAME	1	1					
STREET ADDRESS	The second secon		2.3 STREET ADDRESS		-						
CITY-ST-ZIP			2.	CITY-S	T-ZIP						
TITLE		☐ DELE		TITLE			-			Change	Addition
NAME			3.2	NAME							
STREET ADDRESS			3.3	STREF	TADDRESS						
CITY-ST-ZIP				. CITY-S							
TITLE	<del></del>	☐ DELE		TITLE		<u> </u>	_			☐ Change	Addition
NAME		-		2 NAME							
STREET ADDRESS			4.3	STREE	TADDRESS						

6.4 CITY-ST-ZIP 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.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.1 TTLE

5.2 NAME

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

DELETE

Change

☐ Change

☐ Addition

\_\_\_ Addition

Apr 07, 1999 8:00 am Secretary of State

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