

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 # **P95000095995 (3)**

1. Corporation Name

TELECOM TEST ASSOCIATES, INC.

Principal Place of Business

**2180 STATE ROAD 434 WEST #1124
LONGWOOD FL 32779**

Mailing Address

**2180 STATE ROAD 434 WEST #1124
LONGWOOD FL 32779**



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

**WEAVER, MARIE
2180 STATE ROAD 434 WEST #1124
LONGWOOD FL 32779**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

3. Date Incorporated or Qualified

12/15/1995

3a. Date of Last Report

4. FEI Number

59-3345233

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

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 the person signing this statement

(Date) Registered Agent Signature must be witnessed

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

PD

NAME

SNYDER, CHARLES R

STREET ADDRESS

**2180 STATE ROAD 434 WEST #1124
LONGWOOD FL 32779**

CITY - ST - ZIP

2. TITLE

VD

NAME

MITCHELL, WILLIAM A

STREET ADDRESS

**2180 STATE ROAD 434 WEST #1124
LONGWOOD FL 32779**

CITY - ST - ZIP

3. TITLE

D

NAME

KING, ROBERT

STREET ADDRESS

**2180 STATE ROAD 434 WEST #1124
LONGWOOD FL 32779**

CITY - ST - ZIP

4. TITLE

ST

NAME

WEAVER, MARIE

STREET ADDRESS

**2180 STATE ROAD 434 WEST #1124
LONGWOOD FL 32779**

CITY - ST - ZIP

5. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96 (407) 682-3011

CR2E034 (12/95)