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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000097221 (2)

DOCUMENT

FLAPPER COMMUNICATIONS CORPORATION Mailing Address Principal Place of Business 3221 HARROR DRIVE ST. ANDOSTINE FL 32085 3221 HARBOR DRIVE ST. AUGUSTINE FL 32095 3a. Date of Last Report 3. Date Incorporated or Qualified 12/27/1995 Applied For 2. Principal Place of Business P.O. BOX Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #, etc 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State \Box Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s. 199.032, Yes XNo Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ARMSTRONG, WILLIAM C 3221 HARBOR DRIVE 83 ST. AUGUSTINE FL 32095 Zip Code 85 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. (Write Bisa stero (April Scoot in regard Signation typical proportion on an of region and agent and the happy saw (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. DELETE 1.1 TITLE **PSTD** TITLE 12 NAME ARMSTRONG, WILLIAM C NAME 3221 HARBOR DRIVE 1.3 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32095 14 CI!Y-ST-ZP CITY-ST-ZIP □ Chacge ☐ Addition DELETE 2 1 TOUR TITLE 2.2 NAME 2.3 STREET ADORESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Maddition OF LETE 3 1 1111 TITLE 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS 3 4 C-TY - ST - ZIP CITY - ST - ZIP DELETE Change ☐ Addition 4 1 T!TLF TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHTY - ST - ZIP CITY - ST - ZIP ____ Addition T Change DELETE 5 1 TIT. E 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIF CITY-ST-ZiP Change Addition DELETE 6 1 TITLE THILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZiP

SIGNATURE:

14. I do hereby certify that the information supplied with Piis filing is voluntarily furnished and closs 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 certify that I am an officer or director of the corporation for the reserver or trustee en powered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 or Block 13 if manages, or that attractment with an address.]. ARMSTRONG 5/2/96

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