## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000010602 (6)

FRIENDS COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

## FILED Jun 04 1997 8:00am Secretary of State



| 16165 N. FLORIDA AVE SUITE E 16165 N. FLORIDA AVE SUITE LATZ FL 33549 6161 |  |                               | LUTE E                    |   |   |                    |                   |                        |
|--|--|-------------------------------|---------------------------|---|---|--------------------|-------------------|------------------------|
|  |  |                               |                           |   | 3. Date Incorporated or Qualified 01/30/1996              | 3a. Dat            | e of Last         | Report                 |
| 2. Principal Pi  | ace of Business  | 2a. Mailing Address           |                           |   | 4. FEI Number   | •                  |                   | Applied For            |
| 21 15431   | TIPTUE CT  |                               | 05                        | CT  | 582222003   |                    |                   | Vol Applicable         |
| Suite, Apt. :  | #, etc.  | Suite, Apt. #, etc."          |                           |   | 5. Certificate of Status Desired                          |                    | •                 | Additional<br>Required |
| City & State   | ng H.11 F1   | City & State  28 Spring Hill  | 11, 7                     | 7   | Election Campaign Financing     Trust Fund Contribution   |                    |                   | O May Be<br>d to Fees  |
| Zip<br>3461  | Country PASCO  | 29 34610                      | Country<br>30             | ,   | 8. This corporation has liability for in Florida Statutes | ntangible t<br>Yes |                   | s. 199.032,            |
|  | 9. Name and Address of Current   | Registered Agent              |                           |   | 10. Name and Address of New Reg                           | gistered A         | gent              |                        |
| SMI  | TH, THOMAS R   |                               | 81                        | Name  |   |                    |                   |                        |
| 16105 N. FLORIDA AVE., SUITE E<br>LUTZ FL 33549                            |  |                               |                           | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                    |                   |                        |
|  | 2 FL 33349   |                               | 83                        |   |   |                    |                   |                        |
|  |  |                               | 84                        | City  |   | FL                 | 85 Zij            | p Code                 |
| 11. Pursuant t   | to the provisions of Sections 607 0502   | and 607 1508. Florida Statute | s the abov                | e-named co  | propration submits this statement for the p               |                    | changing          | its registered         |
| office or re   | egistered agent, or both, in the State of the first manual manufacture of the obligation of the obligations are stated as the  | f Florida. Such change was a  | uthorized b               | the corpor  | ation's board of directors. I hereby accep                | t the appo         | intment a         | as registered          |
| SIGNATURE  | The terminal with the total the obligation   |                               | Tod Dialoto               | ·   |   |                    |                   |                        |
| SIGNATURE  | Signature, typed or printed name of registered agent   | and title if applicable (NOTE |                           | ant signature req                                     | ulred when reinstating)                                   | DATE               |                   |                        |
| 12.  | OFFICERS AND   |                               | 13.                       | 1   | ADDITIONS/CHANGES TO OFFIC                                |                    | DIRECTO<br>Change |                        |
| TITLE  | D DANDALL D  | ☐ DELETE                      | 1.1 TITLE                 |   |   | ι                  |                   | Addition               |
| NAME   | WOOD, RANDALL P<br>4044 HARDING HIGHWAY WES  | г                             | 1.2 NAME<br>1.3 STREET    | *DODCCC   |   |                    |                   |                        |
| STREET ADORESS<br>CITY-ST-ZIP  | MÁRION OH 43302  | 1                             | 1.4 CHY- S                |   |   |                    |                   |                        |
| TITLE  | D TOTAL TOTA | DELETE                        | 2.1 TITLE                 | 11-54   |   | ]                  | Change            | Addition               |
| NAME   |  |                               | 2.2 NAME                  |   |   |                    |                   |                        |
| STREET ADDRESS   | 15431 TIPTOE COURT   |                               | 2.3 STREET                | ADDRESS   |   |                    |                   |                        |
| CITY-ST-ZIP  | SPRING HILL FL 84610   |                               | 2.4 CHY-                  | S1 - Z(P  |   |                    |                   |                        |
| TITLE  |  |                               | 3.1 TITLE                 |   |   | Į                  | Change            | e 🔲 Addition           |
| NAME   | ritts, terry l   |                               | 3.2 NAME                  |   |   |                    |                   |                        |
| STREET ADDRESS   | 515 SECOND STREET NORTH  |                               | 3.3 STREET                | ADDRESS   |   |                    |                   |                        |
| CITY-ST-ZIP  |  |                               | 3.4. CITY-                | ST-ZIP  |   |                    | 105               | TT CARRY               |
| TITLE  |  | ☐ DELETE                      | 4.1 TITLE                 |   |   | ı                  | Change            | Addition               |
| NAME   |  |                               | 4. 2 NAME                 |   |   |                    |                   |                        |
| STREET ADDRESS   |  |                               | 4.3 STREE                 | ļ   |   |                    |                   |                        |
| CITY-ST-ZIP<br>TITLE   |  | DELETE                        | 4.4 CITY - 5<br>5.1 TITLE | il - ZIP  |   |                    | Change            | Addition               |
| NAME   |  |                               | 5.2 NAME                  |   |   |                    |                   |                        |
| STREET ADDRESS   |  |                               | 5.3 STREE                 | ADDRESS   |   |                    |                   |                        |
| CITY-ST-ZIP  |  |                               | 5.4 CITY- S               | 1   |   |                    |                   |                        |
| TITLE  |  | DELETE                        | 6.1 TITLE                 |   |   | 1                  | Change            | Addition               |
| NAME   |  |                               | 6.2 NAME                  |   |   |                    |                   |                        |
| STREET ADDRESS   |  |                               | 6.3 STREE                 | ADDRESS   |   |                    |                   |                        |
| CITY-ST-ZIP  |  |                               | 6.4 CITY-S                | 1   |   |                    |                   |                        |

I do 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.

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