

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 27 1997 8:00am
Secretary of State

DOCUMENT # P96000053510 (9)

1. Corporation Name

SEASIDE PROFESSIONAL TELECOMM SERVICES, INC.



Principal Place of Business

3322 ALICE STREET
WEST MELBOURNE FL 32904

Mailing Address

2263 WEST NEW HAVEN AVENUE
SUITE 359
MELBOURNE FL 32904-3605

3. Date Incorporated or Qualified

08/24/1996

3a. Date of Last Report

6-96

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-339393/

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

9. Name and Address of Current Registered Agent

THOMAS, GEORGIA
2793 NORTH BREEZE ROAD
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GRISHAM, ELAINE J
STREET ADDRESS 2263 W NEW HAVEN AVENUE STE 359
CITY-ST-ZIP MELBOURNE FL 32935

☐ DELETE

TITLE D
NAME GRISHAM, TOMMIE
STREET ADDRESS 2263 W NEW HAVEN AVENUE STE 359
CITY-ST-ZIP MELBOURNE FL 32935

☐ DELETE

TITLE FIRST VICE PRESIDENT
NAME JAMES C. GRISHAM
STREET ADDRESS 4434 BAR HARBOR DR.
CITY-ST-ZIP ORLANDO, FL 32821

☐ DELETE

TITLE ADMINISTRATIVE DIRECTOR
NAME CARLA GRISHAM
STREET ADDRESS 4434 BAR HARBOR DR.
CITY-ST-ZIP ORLANDO, FL 32821

☐ DELETE

TITLE DIRECTOR-TECHNICAL SERVICES
NAME ERNEST PERRIN
STREET ADDRESS 10960 BEACH BLVD LOT 231
CITY-ST-ZIP JACKSONVILLE, FL 32246

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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.

SIGNATURE: Tommie C. Grisham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)