

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90077 017 ***150.00

DOCUMENT # P96000068493

1. Corporation Name
TELCOM3 INC

Principal Place of Business
520 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32750

Mailing Address
5005 W LAUREL ST
STE 201
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1996

4. FEI Number

59-3397278

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5005 W. Laurel ST

Suite, Apt. #, etc.

22 201

City & State

23 Tampa FL

Zip

24 33607

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

DICKS, J.W. ESQ.
520 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

James Dicks

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

7028 W. Waters AVE. Suite 343

83

84 City

Tampa

FL

85 Zip Code

33634

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)

4/21/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DICK, JAMES S
STREET ADDRESS 11934 KEATING DR
CITY-ST-ZIP TAMPA FL 33626

TITLE VP ☐ DELETE

NAME DAVE PIPPIN
STREET ADDRESS 100 S ASHLEY DR # 1770
CITY-ST-ZIP TAMPA FL 33602

TITLE VP ☐ DELETE

NAME MARC HEIDT
STREET ADDRESS 100 S ASHLEY DR # 1770
CITY-ST-ZIP TAMPA FL 33602

TITLE V ☐ DELETE

NAME DICKS, J.W.
STREET ADDRESS 520 CROWN OAK CENTRE DR
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME James Dicks
1.3 STREET ADDRESS 7028 W. Waters AVE. # 343
1.4 CITY-ST-ZIP Tampa FL 33634

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4/21/99 813 637-8255

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