**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P96000070515

D J FARRELL COMMUNICATION SERVICES, INC.

## FILED Aug 19, 1999 8:00 am Secretary of State

08-19-1999 90008 047 \*\*\*550.00



| Principal Place   | ncipal Place of Business Mailing Address |  |   |  |                        |
|---|--|--|---|--|------------------------|
| 2355 BAILEY RD 2355 BAILEY RD   |  |  |   |  |                        |
| MULBERRY FL   | 33860                                    | MULBERRY FL 33860                              |   | DO NOT WRITE IN THIS                                 | SDACE                  |
|   |  |  | -   | 3. Date Incorporated or Qualified                    | J SFACE                |
|   |  | •  |   | 08/22/1996   |                        |
| 2 Principal Pl  | ace of Business                          | 2a. Mailing Address                            |   | 4. FEI Number  | Applied For            |
|   | Bailey Rel                               | 26 2355 Baile                                  | 121   | 59-3398700   | Not Applicable         |
| Suite, Apt."  | #. etc.                                  | _ Suite, Apt. #, etc                           | 7 15 61   |  | \$8.75 Additional      |
| 27  |  |  |   | - 5. Certificate of Status Desired                   | Fee Required           |
| City & State City & State   |  |  |   | 6. Election Campaign Financing                       | \$5.00 May Be          |
|   |  | ( 28 Mulberr                                   | 4 FI  | Trust Fund Contribution                              | Added to Fees          |
| Zip _ co  | Country Country                          |  | Xbuntry   | 8. This corporation owes the current year            | ¬                      |
| 24 3386   |  |  | POLK  | Intangible Personal Property.                        | Yes No                 |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name  |  |  |   |  |                        |
| FARRELL, DANIEL   |  |  | 81 Name   |  |                        |
| 2355 BAILEY RD  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                        |
| MULBERRY FL 33860   |  |  | 83  |  | <del></del>            |
|   |  |  | 63  |  |                        |
|   |  |  | 84 City   | FL   | 85 Zip Code            |
| 11 Pursuant   | to the provisions of section             | ns 607 0502 and 607 1508 Florida Statutes, the | above-named corp                                      | poration submits this statement for the purpose of c | hanging its registered |
| 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 jumiliar with, and accept the obligations of section 607.0505, Florida Statutes.  SIGNATURE Normal of Taurelly Messages 1  7-9-1959   |  |  |   |  |                        |
| SIGNATORY (NOTE: Reciptored Agent signature) DATE   |  |  |   |  |                        |
| 12.   |  |  | 3.  | ADDITIONS/CHANGES TO OFFICERS AF                     | ND DIRECTORS IN 12     |
| TITLE   | Р  | DELETE 1.                                      | 1 TITLE   |  | Change Addition        |
| NAME  | DONNA FARRELL                            | 1.   | 2 NAME  |  |                        |
| STREET ADDRESS  | 2355 BAILEY RD                           | 1.   | 3 STREET ADDRESS                                      |  | ) }                    |
| CITY-ST-ZIP   | MULBERRY FL                              | 1.   | 4 CITY-ST-ZIP   |  |                        |
| TITLE   | VP                                       | DELETE 2                                       | 1 TITLE   |  | Change Addition        |
| NAME  | DANIEL FARRELL                           |  | 2 NAME  |  | ĺ                      |
| STREET ADDRESS  | 2355 BAILEY RD                           | 2.   | 3 STREET ADDRESS                                      |  |                        |
| CITY-ST-ZIP   | MULBERRY FL                              | 2.   | 4 CITY-ST-ZIP   | ·  |                        |
| TITLE   |  | DELETE 3.                                      | 1 TITLE   |  | Change Addition        |
| NAME  |  | 3.   | 2 NAME  |  |                        |
| STREET ADDRESS  |  | : 3.   | STREET ADDRESS  |  |                        |
| CITY-ST-ZIP   |  | 3.   | 4 CITY-ST-ZIP   |  |                        |
| TITLE   |  | DELETE 4                                       | 1 TITLE   |  | Change Addition        |
| NAME  |  | 4.   | 2 NAME  |  |                        |
| STREET ADDRESS  |  | 4.   | 3 STREET ADDRESS                                      |  |                        |
| CITY-ST-ZIP   |  | .4   | 4 CITY-ST-ZIP   |  |                        |
| TITLE   |  | DELETE 5.                                      | 1 TITLE   |  | Change Addition        |
| NAME  |  |  | 2 NAME  |  |                        |
| STREET ADDRESS  |  | 5.   | 3 STREET ADDRESS                                      |  | j                      |
| CITY-ST-ZIP   |  | 5.   | 4 CITY-ST-ZIP   |  |                        |
| TITLE   | · · · · · · · · · · · · · · · · · · ·    | DELETE 6                                       | 1 TITLE   |  | Change Addition        |
| NAME  |  | <del></del>                                    | 2 NAME  |  |                        |
| STREET ADDRESS  |  | 6  | 3 STREET ADDRESS                                      |  | 1                      |
| CITY-ST-ZIP   |  | 6.   | 4 CITY-ST-ZIP   |  |                        |
|   |  |  |   | " 440 07(0)(") FL 11- 00-1 1 16-45                   | 40                     |

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.

Daytime Phone #