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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Feb 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State . . . DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000079148 (8)

RIGHT ON TIME COMMUNICATIONS, INC.

appears in Block 12 or Block 13 if changed, after an attachm

SIGNATURE:

Principal Place of Business Mailing Address 818 E. SOUTH STREET 818 E. SOUTH STREET ORLANDO FL 32801-2913 ORLANDO FL 32801 3. Date Incorporated or Qualified 3a. Date of Last Report 09/18/1996 2. Principal Place of Business 2a. Mading Address Applied For Not Applicable 21 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Reculred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country $Z_{(0)}$ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes W No 30 24 25 29 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name POCOCK, JOHN S 818 E. SOUTH STREET Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 84 City 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, thereby accept the appointment as registered agent. Familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE INOTE: Registered Agent signature required when reinstating) Signature: typed or profed name of registered agent and tire if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6)Addition DELETE 1.1 TITLE PREST DIR Change TITLE JOHN 5. POCOCK 1.2 NAME NAME 818 E. SOUTH ST 1.3 STREET ADDRESS STREET ADORESS 32801 1.4 CITY-ST-ZIP ORLANDO CHY-ST-ZIP DELETE Change ☐ Addition THUE 21 TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP C(1Y - S1 - Z)P Change Addition DELETE Tille 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS C(TY - ST - Z)P 3.4. City-St-ZiP DELETE Change Addition 4.1 TITLE THE 4. 2 NAME NAME. 4.3 STREET ADDRESS STREET ADDINESS OTY - ST - ZiP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE THE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP City-SE-ZiP DELETE 61 TITLE ☐ Change Addition TIFLE NAME 62 NAME STREET ACIDRESS **63 STREET ADDRESS** 64 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 included 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 unistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, edd on an attachmost with an address.

it with an address.

NO TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR