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

**PROFIT** CORPORATION **▼**ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000083327 (2)

J-COMM TELEPHONE AND COMMUNICATIONS SYSTEMS, INC

Principal Place of Business Mailing Address 3379 GREENBRIAR CIRCLE 3379 GREENBRIAR CIRCLE SUITE A SUITE A GULF BREEZE FL 32561-2805 **GULF BREEZE FL 32561-2905** 3. Date Incorporated or Qualified 3a. Date of Last Report 10/04/1996 2. Principal Place of Business 2a. Mailing Address 59-3 Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zit Zip Country This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JOHNSON, MARTIN A 3379 GREENBRIAR CIRCLE Street Address (P.O. Box Number is Not Acceptable) SUITE A 83 •GULF BREEZE FL 32561-2805 Zip Code 11. Pullbuant 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. SIGNAL URE Fig. atus. Typica or proved name of registered agent and title if apot cable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6)DELETE Change Addition 1.1 TITLE THEF RESIDENT NAME 1.2 NAME 13 STREET ADDRESS STREET ADDRE Offy-SI-Z# 1.1 City St ZiP \_\_\_ Change Addition THILF 21 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS C+FY - S1 - 7H 2. 4 CITY - ST - ZIP Change Addition UHC 3.1 THILE NAME 3.2 NAME 3.3 STREET ADDRESS STREET LADORESS 3.4. CITY-ST-ZIP CHY-ST-ZIP Change noitibba [ 7017 4.1 TITLE NAM 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-\$1-209 Change DELETE Addition 10195.1 TITL€ 5.2 NAME N/Mr 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHTY-ST-ZIP CITY-ST-7F DELETE Change Addition THEF 6.1 TITLE 6.2 NAME NAM! STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE:

64 CITY-ST-ZIP

information incloated 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 off our or director of the comporation 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 12 or Block 11 if changed, or on an order on with an address.

14. I do he ely 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

**FILED** 

Apr 25 1997 8:00am

Secretary of State