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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #
1. Corporation Name P96000083327 (2)

J-COMM TELEPHONE AND COMMUNICATIONS SYSTEMS, INC

**FILED** Apr 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
3379 GREENS	RIAR CIRCLE	3379 GREENBRIAR CIRCLE			
SUITE A		SUITE A			DO NOT WRITE IN THIS SPACE
GULF BREEZE FL 32561-2905		GULF BREEZE FL 32561-2905			3. Date Incorporated or Qualified
					10/04/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21	oo o basiiios	26			<b>59-3401942</b> Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			S8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution
Zip	Country	Zip	Country	f	8. This corporation owes or has paid the current year Intangible
24	25		10		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
	hnson, martin a		81	Name	
	79 GREENBRIAR CIRCLE		82	Street	Address (P.O. Box Number is Not Acceptable)
	ITE A		-	ļ	
GU	LF BREEZE FL 32561-2805		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 priviled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	11 THLE		Change Addition
NAME	JOHNSON, MARTIN A		1.2 NAME		
STREET ADDRESS	3379 GREENBRIAR CIRCLE #	A	1.3 STREE	ADDRESS	
CITY-ST-ZIP			1.4 CITY - :	ST-ZIP	
TITLE	VP	DELETE 2.1			Change L Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE	ADDRESS	
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP	
TITLE	<del>-</del>		3.1 TITLE		Change Addition
NAME	JOHNSON, CHRISTINE F.		3.2 NAME		
STREET ADDRESS			3.3 STREE	ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	· · · · · · · · · · · · · · · · · · ·	3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change L Addition
NAME			4. 2 NAME		
STREET ADDRESS				ADDRESS	
CITY-ST-ZIP		- December	4.4 CITY -	ST-ZIP	Character Labella on
TITLE		☐ DELETE	5.1 1111.6		Change L Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	I ADDRESS	
CITY-ST-ZIP			5.4 CITY	ST-2IP	Change Classes
TITLE		☐ DELETE	6.1 TITLE		L_  Change L_  Addition
NAME			6.2 NAME		
STREET ADDRESS			1	I ADDRESS	
CITY-ST-ZIP		the this filing does not greatly for	6.4 City-		ed in Section 119 07/3)(i) Florida Statutes I further certify that the information

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 of 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 in an attachment with an address.