SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** 

P96000103104 ·(1)

TRANSACT COMMUNICATIONS, INC.

## **FILED** Jul 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 430 39TH AVENUE 8. 430 39TH AVENUE S. ST. PETERSBURG FL 33705 ST. PETERSBURG FL 33705 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/24/1996 2. Principal Place of Business 2a / 15373 ROOSEVELT BLV Q26 2a. Mailing Address 4. FEI Number **59**-3428396 Applied For SAME APPLIED FOR Not Applicable \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 0. Name and Address of New Registered Agent GRUBER, KENNETH J 430 39TH AVENUE S. O. Box Number is Not Acceptable ST. PETÉRSBURG FL 33705 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 againt, 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 apopt the obligations of, section 607.0505, Florida Statutes. SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signalure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition TITLE GRUBER, KENNETH NAME 1.2 NAME 430 39TH AVE. S. STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY-ST-ZIF 2.1 TITLE TITLE DELETE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE ☐ Change 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETÉ \_\_ Change L Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP TITLE 61 TITLE DELETE Change Addition 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 11//07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate that that my similar is 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with in address

CR2E034 (5/98)