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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P97000020016**1. Corporation Name

LITCHY (COMMUNICATIONS, INC.							
Principal Place	of Business	Mailing Address	<u> </u>				\$ 60(0) (1919 6 (1) 1901	
8875 MERRIMOOR BLVD. 8875 MERRIMOOR BLVD.								
LARGO FL 34647 LARGO FL 34647						DO MOT MIDITE IN THIS SPACE		
						DO NOT WRITE IN THIS SPAC 3. Date Incorporated or Qualifed	<u> </u>	
						02/27/1997		
Principal Place of Business 2a. Mailing Advantage			ng Address			4. FEI Number .	Applied For	
21		26				59-3431441	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			►5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
22		27				, ree Required		
City & State	9	<u>⊢¬</u> ′	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	28 Zip		Country		8. This corporation owes the current year Intangible		
	25	29	¬			Personal Property Tax.		
24 25 29 30 30 9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
	3. Hame and Address S. Carro			81	Name			
LITCHY, GREG				82	Street Ad	ess (P.O. Box Number is Not Acceptable)		
8875 MERRIMOOR BLVD.				02	Sueer Au	ess (P.O. Box Number is Not Acceptable)		
LARGO FL 34647 33777			83					
	,,,,,			84	City	E1 85	Zip Code	
						FL ³³	33777	
11. Pursuant office or re agent. La	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	602 and 607.1508, Florida Stat e of Florida. Such change was pations of, Section 607,0505, F	tutes, the authori: Iorida Ş	e above zed by statutes	e-named co the corpora	orporation submits this statement for the purpose of chang ation's board of directors. I hereby accept the appointment	as registered	
SIGNATURE	An Top	Grea	Lit	24 Y	•	2/17/99		
SIGNATURE	Signature typed or printed name of registered ag	ent and title if applicable (190	TE: Registe		t signature requ	uired when reinstating) DATE	E07000 N. 40	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIR	hange Addition	
TITLE	D	☐ DELETE	1	1 TITLE		٥	larige	
NAME	LITCHY, GREG			.2 NAME				
STREET ADDRESS	8875 MERRIMOOR BLVD.				ADDRESS			
CITY-ST-ZIP			4 CITY-S	T-ZIP	T.C	hange Addition		
TITLE			1	.1 TITLE	1			
NAME				2 NAME			ţ	
STREET ADDRESS					ADDRESS	· ••••	i	
CITY-ST-ZIP			2.4 CITY-ST-ZIP 3.1 TITLE		nc nc	hange Addition		
TITLE		□ pereie		.2 NAME	ļ	۵-	-	
NAME					TADDRESS			
STREET ADDRESS				.3 STREE .4. CITY- S				
CITY-ST-ZIP		☐ DELETE		1 TITLE)1-ZIP		hange	
TITLE		- Jettere		. 2 NAME	ļ	_	- –	
NAME					T ADDRESS			
STREET ADDRESS			4	4 CITY-S				
CITY-ST-ZIP			- 4		. 41			

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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

7ITI E

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

DELETE

Change

☐ Change

Addition

☐ Addition

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90135 007 ***150.00