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

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

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthám

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000035549 (9) PAGING SYSTEMS. INC. Principal Place of Business Mailing Address 283 N. NORTH LAKE BLVD. 283 N. NORTH LAKE BLVD. SUITE 111 SUITE 111 DO NOT WRITE IN THIS SPACE ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 3. Date Incorporated or Qualified 04/21/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3440830 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. \* XXXs ☐ No 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SIBBITT, KEVIN L 283 N. NORTH LAKE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 111 83 ALTAMONTE SPRINGS FL 32701 City Zip Code 85 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered or change was authorized by the corporation's board of directors. I hereby accept the appointment as registered to 607.0505, Florida Statutes. Pursuant to the prov office or registered a agent. I am familing . 507 0502 - 21, 1998 SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. RS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE SIBBITT, KEVIN L 1.2 NAME NAME 1012 CHOKECHERRY DR. STREET ADDRESS 1.3 STREET ADDRESS 283 N. North Lake Blvd., Suite 111 WINTER SPRINGS FL 32708 Altamonta Springs, FL. 32701 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE TITLE 2 1 TITLE SIBBITT, KAZUMI NAME 2.2 NAME 1012 CHOKECHERRY DR. 283 N. North Lake Blvd., Suite 111 STREET ADDRESS 2 3 STREET ADDRESS WINTER SPRINGS FL 32708 Altamonte Springs, FL. CITY-ST-ZIP 2, 4 CiTY - ST - ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SY-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 HILE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETÉ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. Thereby 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 supplier ental 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 ecceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or on air attachment of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on air attachment of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on air attachment of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged in Section 119.07(3)(ii), Florida Statutes.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

**FILED** 

Jun 01 1998 8:00am

Secretary of State