

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).

FILED

Jul 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000038285 (7)

1. Corporation Name

JOSEPH COMMUNICATIONS RESEARCH COMPANY



Principal Place of Business  
180 EILEEN AVE  
ALTAMONTE SPRINGS FL 32714

Mailing Address  
180 EILEEN AVE  
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

59-3441703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year interest on  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 154 GRACE BLVD

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 162997

Suite, Apt. #, etc.

City & State

23 ALTAMONTE SPRINGS FL

Country

USA

City & State

28 ALT SPRINGS FL

Country

USA

Zip

24 32714

Country

SEMINOLE

Zip

29 32716

Country

SEMINOLE

9. Name and Address of Current Registered Agent

VIGIL, ARMANDO J  
180 EILEEN AVE  
ALTAMONTE SPRINGS FL 32714

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

154 GRACE BLVD

83

84 City

ALTAMONTE SPRINGS FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0102 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of 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 printed name of registered agent, and file if applicable

(NOTE: Registered Agent signature required when reinstating)

7/18/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME VIGIL, ARMANDO J  
STREET ADDRESS 180 EILEEN AVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR / PRESIDENT ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS P.O. Box 162997 154 GRACE BLVD  
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE

7/18/98 (402) 869-0650

CR2E034 (5/98)