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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90051 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000042608

1. Corporation Name
TELECONEX, INC.



Principal Place of Business

**4104 BARRANCAS AVE
PENSACOLA FL 32507
US**

Mailing Address

**4104 BARRANCAS AVE
PENSACOLA FL 32507
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1997

2. Principal Place of Business

21 4100 BARRANCAS AVE.

Suite, Apt. #, etc.

City & State

23 PENSACOLA, FL

Zip Country

24 32507 25 USA

2a. Mailing Address

26 4100 BARRANCAS AVE.

Suite, Apt. #, etc.

City & State

28 PENSACOLA, FL

Zip Country

29 32507 30 USA

4. FEI Number

59-3447701

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WATSON, CHRIS S
210 PAYNE ROAD
PENSACOLA FL 32507**

10. Name and Address of New Registered Agent

81 Name

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

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 printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME
WATSON, STEVEN T.
STREET ADDRESS
5783 GRANDE LAGOON BLVD
CITY-STATE-ZIP
PENSACOLA FL 32507**

TITLE ☐ DELETE

**NAME
WATSON, CHRIS S.
STREET ADDRESS
210 PAYNE RD
CITY-STATE-ZIP
PENSACOLA FL 32507**

TITLE ☐ DELETE

**NAME
WATSON, PAUL T.
STREET ADDRESS
5808 PRINCETON DR
CITY-STATE-ZIP
PENSACOLA FL 32526**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

**1.2 NAME
DIANNA L. WATSON
1.3 STREET ADDRESS
5808 PRINCETON DRIVE
1.4 CITY-STATE-ZIP
PENSACOLA, FL 32526**

2.1 TITLE ☐ Change ☒ Addition

**2.2 NAME
MARILYNN J. WATSON
2.3 STREET ADDRESS
5793 GRANDE LAGOON BLVD.
2.4 CITY-STATE-ZIP
PENSACOLA, FL 32507**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP**

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 empowerments.

SIGNATURE:

DIANNA L. WATSON
TREASURER

4/25/99 850-455-3898

CR2E034 (11/98)