

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

FILED
Jan 30 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 # P97000043149 (8)

1. Corporation Name

COMMUNICATION OPTIONS SOUTHERN REGION, INC.



Principal Place of Business

214 AVE "K"
APALACHICOLA FL 32320

Mailing Address

214 AVE "K"
APALACHICOLA FL 32320

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1997

4. FEI Number

☒ 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 Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 622 Barton Ave.

Suite, Apt. #, etc.

22

City & State

23 Panama City, Florida

Zip

24 32404-6005

Country

25 USA

2a. Mailing Address

26 622 Barton Ave.

Suite, Apt. #, etc.

27

City & State

28 Panama City, Florida

Zip

29 32404-6005

Country

30 USA

9. Name and Address of Current Registered Agent

DAVIS, ROBERT L
214 AVE "K"
APALACHICOLA FL 32320

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JARMON, RONALD R
STREET ADDRESS P O BOX 3068 N/A
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE D ☐ DELETE

NAME DAVIS, ROBERT L
STREET ADDRESS 214 AVE "K"
CITY-ST-ZIP APALACHICOLA FL 32320

TITLE D ☐ DELETE

NAME MCCORMICK, SHAWN P
STREET ADDRESS 225 S ALLISON, SUITE 105
CITY-ST-ZIP XENIA OH 45385

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition

1.2 NAME Perry J. Moody
1.3 STREET ADDRESS 5979 E. Livingston Ave.
1.4 CITY-ST-ZIP Columbus, Ohio 43232-2908

2.1 TITLE President ☐ Change ☒ Addition

2.2 NAME Morris Jarmom, Sr.
2.3 STREET ADDRESS 622 Barton Ave.
2.4 CITY-ST-ZIP Panama City, FL 32404-6005

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

200002417782

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***158.75

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 Morris Jarmom, Sr.

01-74-98 (850)764-0772

CR2E034 (10/97)