

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

Sep 03 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 # **P97000082338 (9)**

1. Corporation Name
TELE-CAM, INC.



Principal Place of Business
**2110 ED JOHNSON DR.
JACKSONVILLE FL 32226**

Mailing Address
**2110 ED JOHNSON DR.
JACKSONVILLE FL 32226**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1997

4. FEI Number

59-3475303

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 9515 E. Fowler Ave

Suite, Apt. #, etc.

2a. Mailing Address

26 9515 E. Fowler Ave

Suite, Apt. #, etc.

City & State

23 THONOTOSASSA FL

Zip

24 33592

Country

25 U.S.A.

City & State

28 THONOTOSASSA FL

Zip

29 33592

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**SINGLETARY, PATRICE
8641 BAYPINE RD., STE. 7
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name

CHARLES WOOD

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

11240 LORENCE AVE.

83

84 City

JACKSONVILLE

FL

85 Zip Code

32218

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 **Charles Wood** **CHARLES WOOD V.P.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/26/98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SINGLETARY, PATRICE**
STREET ADDRESS **2110 ED JOHNSON DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **PATRICE SINGLETARY**
1.3 STREET ADDRESS **9515 E. FOWLER AVE**
1.4 CITY-ST-ZIP **THONOTOSASSA FL 33592**

2.1 TITLE **V/S/T** ☐ Change ☒ Addition
2.2 NAME **CHARLES WOOD**
2.3 STREET ADDRESS **11240 LORENCE AVE.**
2.4 CITY-ST-ZIP **JACKSONVILLE FL 32218**

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

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: **Patrice Singletary**

8/26/98 8/31/98 3069

CR2E034 (5/98)