

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90273 027 \*\*\*150.00

DOCUMENT # P97000098149  
1. Corporation Name  
**INTERCOASTAL COMMUNICATIONS OF PINELLAS, INC.**

539459 - 90273 - 27

Principal Place of Business  
10840-76th Court North  
Unit B  
Largo, Florida 33777

Mailing Address  
10840 - 76th Court North  
Unit B  
Largo, Florida 33777

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2a. Mailing Address  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

3. Date Incorporated or Qualified  
11/17/1997  
4. FEI Number  
59-3482453  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
7. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFSTRA, PETER T.  
8640 Seminole Blvd.  
Seminole, Florida 33772

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP  
5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP  
9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY-ST-ZIP  
13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY-ST-ZIP  
17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

ROBERT F. VACHA III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Overtime Phone #

727-446-0633

CR2E034 (11/98)