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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Apr 21 1998 8:00am Secretary of State

	EGIC COMMUNICATION, I		(2)						
Principal Place of Business Mailing Address								***************************************	194 9 1() (94)
1018 THOMASVILLE RD. SUITE 100-A 1018 THOMASVILLE RD. SUITE 100									
TALLAHASSEE FL 32303 TALLAHASSEE FL 3230							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							12/15/1997		
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number	Ap	plied For
21		26					59-3486364	No	ol Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22		27	the second restriction and the second restrictio					Fee Re	
City & Stat	e	*	City & State				6. Election Campaign Financing	\$5.00 Added t	
23 Zip	Country		Zip Country						
24	25	29	30			This corporation owes or has Personal Properly Tax due Ju			
9. Name and Address of Current							10. Name and Address of New Regis		
H	XSON, WILLIAM			81	Name				
		82	Chron	A dalas	ss (P.O. Box Number is Not Acceptable)				
	18 TH OMASVILLE RD, SUITE 1 LLAHASSEE FL 32303		82			Augre	ss (P.O. Box Number is Not Acceptable)	l	
•••			83			**********			···
				84	City			ar Zin (Code
					City			FL 85 Zip (Code
office or i agent. I a SIGNATURE	egistered agent, or both, in the Stat m familian with, and accept the offi	te of Norida, Such cha gotions of, Section 607	nge was authori 7.0505, Florida S	ized by Statute:	y the corp s.	ooratio	ration submits this statement for the purp n's board of directors. I hereby accept the	he appointment as	registered
12.		ND DIRECTORS	1	3.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	
TITLE			DELETE 1.	1 TITLE		DIE	rector	Change	Addilion
NAME			1.	1.2 NAME		ST	EPHEN D. HULL 18 THOMASVILLE EN SUI' LLAHASSER IL 3230		
STREET ADDRESS			1.	1.3 STREET ADDRESS		101	18 THOMASVILLE RD SUI	te 100 V	
CITY-ST-ZIP	The state of the s			1.4 CITY-ST-ZIP TA			LLAHASSER IL 3230	<u> </u>	
TITLE	DELETE			2.1 TITLE			•	☐ Change	Addition
NAME			2.	2.2 NAME					
STREET ADDRESS				2.3 STREET ADDRESS					
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STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				4 CITY - S					
TITLE				1 TITLE				Change	Addition
NAME			6.3	2 NAME					
STREET ADDRESS			6.	3 STREET	ADDRESS				
CITY-ST-ZIP			6.	4 CHY-S	1-ZIP				
14 I hereby o	ertify that the information supplied	with this filmo does no	qualify for the	exemp	tion state	d in Se	ection 119.07(3)(i). Florida Statutes, Lfurl	her certify that the	information

Interiory computes an information supplied with the suring does not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this annual report or supplied ender oath; that I am an officer or director of the corporation or the receiver or trusted 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 or an attachment with an address.