

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90020 028 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT**



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

1999

DOCUMENT # P98000037034

1. Corporation Name

BOBBY ALLISON WIRELESS, INC.

Principal Place of Business

**2055 LAKE AVENUE. SE. STE. A
LARGO FL 34641**

Mailing Address

**2055 LAKE AVENUE. SE. STE. A
LARGO FL 34641**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1998

4. FEI Number

65-0829724

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. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**NORMAN, CHRISTOPHER H
315 S HYDE PARK AVE
TAMPA FL 33606**

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 **HICKS, THOMAS H**
STREET ADDRESS **1700 NW 65 AVE, STE 4**
CITY-ST-ZIP **PLANTATION FL 33313**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **CEO** ☐ Change ☒ Addition

1.2 NAME **McGinnis, Robert L.**
1.3 STREET ADDRESS **7090 Hidden Acres Way**
1.4 CITY-ST-ZIP **Seminole, FL 33772**

2.1 TITLE **Pres., D.S.** ☐ Change ☒ Addition

2.2 NAME **Ralph, James L.**
2.3 STREET ADDRESS **14949 113th Ave No.**
2.4 CITY-ST-ZIP **Large, FL 33774**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **Holbrook, James**
3.3 STREET ADDRESS **1901 6th Ave No.**
3.4 CITY-ST-ZIP **Birmingham, AL 35203**

4.1 TITLE **Controller** ☐ Change ☒ Addition

4.2 NAME **Costas, Jim**
4.3 STREET ADDRESS **10325 60th Circle N.**
4.4 CITY-ST-ZIP **Pinellas Park, FL 33782**

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:

Robert McGinnis 7/8/99 (727) 584-7902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)