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Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90047 042 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000058185

1. Corporation Name

COMMUNICATION SERVICES OF SARASOTA, INC.

Principal Place of Business

226 S HERNANDO AVE  
ARCADIA FL 34266

Mailing Address

226 S HERNANDO AVE  
ARCADIA FL 34266

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1998

4. FEI Number

59-3519871

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 3910 Eton Place

Suite, Apt. #, etc.

22 City & State

23 Sarasota, FL

24 Zip 34241 25 Country USA

2a. Mailing Address

26 3910 Eton Place

Suite, Apt. #, etc.

27 City & State

28 Sarasota, FL

29 Zip 34241 30 Country USA

9. Name and Address of Current Registered Agent

WEAVER, ROBERT L  
226 S HERNANDO AVE  
ARCADIA FL 34266

new  
address

10. Name and Address of New Registered Agent

81 Name

Robert L. Weaver

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

83

3910 Eton Place

84 City

Sarasota

FL

85 Zip Code

34241

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

Robert L. Weaver

Robert Weaver

1-26-99

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 WEAVER, ROBERT L  
STREET ADDRESS 226 S HERNANDO AVE  
CITY-ST-ZIP ARCADIA FL 34266

TITLE D ☐ DELETE

NAME WEAVER, LAVONNE J  
STREET ADDRESS 226 S HERNANDO AVE  
CITY-ST-ZIP ARCADIA FL 34266

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

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

☒ Change ☐ Addition

D Weaver, Robert L.  
3910 Eton Place  
Sarasota, FL 34241

☒ Change ☐ Addition

D Weaver, Lavonne J  
3910 Eton Place  
Sarasota, FL 34241

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: Lavonne J. Weaver  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1/26/99 Daytime Phone # 941-378-8131

CR2E034 (11/98)