**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000071957

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90007 004 \*\*\*150.00

BENNETT TELECOMMUNICAT	TIONS COMPANY				
Principal Place of Business	Mailing Address				
2431 RYAN PLACE TALLAHASSEE FL 32308	POST OFFICE BOX 12195 TALLAHASSEE FL 32317-2195			DO NOT WRITE IN TH	HIS SPACE
<del></del> -				3. Date Incorporated or Qualifed 08/18/1998	
2. Principa Place of Business	2a. Mailing Address			4. EEL Number	Applied For
SAME	26 SAME	_		37-3528297	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Country		8. This corporation owes the current year	
25	29 30			Personal Property Tax.	Yes ⊌ZNo
	f Current Registered Agent			10. Name and Address of New Register	ad Agent
N/OH 154M		81	Name	SAME	
NASH, JEAN 3652 SHAMROCK WEST		82 Street Add		ress (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32308		83			
		84	′		85 Zip Code
Pursuant to the provisions of Sections office or registered agent, or both, in the agent, am familiar with, and accept the SIGNATURE	607.0502 and 607.1508, Florida Statules, the State of Florida. Such change was authories followed in soft section 607.0505 Florida S	ne above rized by Statutes	-named con the corporati	poration submits this statement for the purpose ion's board of cirectors. I hereby accept the ap	of changing its registered pointment as registered
Signature, types of printed has self seg	<u> </u>		it signature requir	red when reinstating) DATE	NO DIRECTOR OF IN 12
		13. 1.1 TITLE	<del></del>	ADDITIONS/CHANGES TO OFFICERS	Change X Addition
TITLE X			+	PATELONIA.	
NAME /		1.2 NAME		POLRANTI	~~~
STREET ADDRESS			TADDRESS	PRESIDENT BEN BENNETT 1431 RYAN PLACE THUA	HASSE FT 32308
CITY-ST-ZIP	<del></del>	1.4 CITY-S1 2.1 TITLE	1-ZIP #:	HIN KIND I THE MAIN	☐ Change ☐ Additio
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NAME	3	3.2 NAME			

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3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3.4. CITY-\$1-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

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 1 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 regions of rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the Block 12 or Block 13 if charges, or on an

SIGNATURE:

STREET ADDRE: S

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

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CR2E034 (11/98)

Addition

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