

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90012 047 \*\*\*558.75

DOCUMENT # **P98000083620**

1. Corporation Name

**CONCINNOUS TELECOMMUNICATIONS, INC.**



Principal Place of Business

1236 S. MCDUFF AVE., STE. 202  
JACKSONVILLE FL 32205

Mailing Address

1236 S. MCDUFF AVE., STE. 202  
JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/28/1998**

4. FEI Number

**59-3539686**

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 **531 West Union Street**

2a. Mailing Address

26 **531 West Union Street**

Suite, Apt. #, etc.

22 **SUITE 102**

Suite, Apt. #, etc.

27 **SUITE 102**

City & State

23 **JACKSONVILLE FL**

City & State

28 **JACKSONVILLE FL**

Zip

24 **32203**

Country

25 **DUVAL**

Zip

29 **32203**

Country

30 **DUVAL**

9. Name and Address of Current Registered Agent

**CUFF, RICHARD**

**5885 EDENFIELD RD., APT. B27**  
**JACKSONVILLE FL 32277**

81 Name

**Richard Cuff**

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

**531 West Union Street**

83

**SUITE 102**

84

**JACKSONVILLE**

FL

85 Zip Code

**32203**

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

**7/30/99**

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE  
NAME **Richard Cuff**  
STREET ADDRESS **5885 EDENFIELD Rd. Apt B27**  
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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CITY-ST-ZIP

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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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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:

**RICHARD CUFF**

**7/30/99 (904) 381-9444**

CR2E034 (5/99)