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Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000101815

1. Corporation Name

TOTAL COMMUNICATION SERVICES, INC.

Principal Place of Business

Mailing Address

3484 QUAIL CT.
 MELBOURNE FL 32935

P.O. BOX 360184
 MELBOURNE FL 32936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1998

4. FEI Number

59-3549424

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 240 N. Babcock St.
 Suite, Apt. #, etc.

28 P.O. Box 360941
 Suite, Apt. #, etc.

City & State

23 Melbourne, FL

City & State

28 Melbourne, FL

Zip Country

24 32935 25 USA

Zip Country

29 32936 30 USA

9. Name and Address of Current Registered Agent

NELSON, ZANE J
 3484 QUAIL CT.
 MELBOURNE FL 32935

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 Vice President ☐ DELETE

NAME NELSON, ZANE J
 STREET ADDRESS 3484 QUAIL CT.
 CITY-ST-ZIP MELBOURNE FL 32935

TITLE D President ☐ DELETE

NAME NELSON, BETTY J
 STREET ADDRESS 2781 PINEAPPLE AVE.
 CITY-ST-ZIP MELBOURNE FL 32935

TITLE D Vice President ☐ DELETE

NAME NELSON, DARRELL W
 STREET ADDRESS 2781 PINEAPPLE AVE.
 CITY-ST-ZIP MELBOURNE FL 32935

TITLE D ☒ DELETE

NAME NELSON, ZACHARY L
 STREET ADDRESS 3540 CHANCELOESVILLE
 CITY-ST-ZIP MELBOURNE FL 32934

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 ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Zane Nelson
 Zane J. Nelson

4-30-99

(407)255-3353

CR2E034 (11/98)