

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90035 042 \*\*\*150.00

DOCUMENT # P98000102153

1. Corporation Name

TELECOMM SERVICES GROUP, INC.

Principal Place of Business

10500 UNIVERSITY CENTER DR  
SUITE 100  
TAMPA FL 33612

Mailing Address

10500 UNIVERSITY CENTER DR  
SUITE 100  
TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1998

4. FEI Number

59-3546170

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARDNER, J. STEPHEN  
220 S FRANKLIN STREET  
TAMPA FL 33602

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME JERRY R. WILLIS  
1.3 STREET ADDRESS 10500 UNIVERSITY CTR DR  
1.4 CITY-ST-ZIP STE 100 TAMPA FL 33612

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME JAMES C. OLIVERIO  
2.3 STREET ADDRESS 10500 UNIVERSITY CTR DR STE 100  
2.4 CITY-ST-ZIP TAMPA FL 33612

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME EDNA BEEBLE  
3.3 STREET ADDRESS 10500 UNIVERSITY CTR DR STE 100  
3.4 CITY-ST-ZIP TAMPA FL 33612

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME LINDA KIMBALL  
4.3 STREET ADDRESS 10500 UNIVERSITY CTR DR STE 100  
4.4 CITY-ST-ZIP TAMPA FL 33612

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:

*James C. Oliverio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

813-972-2441

Daytime Phone #

CR2E034 (11/98)