FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S02429** **(6)**

1. Corporation Name
VOYAGER SATELLITE SYSTEMS OF COLLIER COUNTY, INC

Principal Place of Business	Mailing Address
1935 CR 951 NAPLES FL 33999 US	1935 CR #951 NAPLES FL 33999 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/24/1990**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **65-0216977** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CATZ, ROCHELLE Z.
13161 MCGREGOR BLVD.
FT. MYERS FL 33919

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	JACOBSON, MARVIN P.	1.2 NAME		
STREET ADDRESS	5730 WINKLER AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	CONANT, CHARLES M.	2.2 NAME	Judy Conant	
STREET ADDRESS	3018 COUNTRY CLUB BLVD.	2.3 STREET ADDRESS	3018 Country Club Blvd.	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	cape coral FL	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	VINE, GERALD A.	3.2 NAME	Delete Gerald Vine	
STREET ADDRESS	18254 LOWE DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	EVANS, DONNA J	4.2 NAME	Donna J. Todd	
STREET ADDRESS	1228 LA FAUNCE WAY	4.3 STREET ADDRESS	4989 Golden Gate pkwy #241	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	Naples, FL 33999	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Donna J Todd Donna Jeanne Todd 4-26-95 863-353-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0332848 CP