

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 APR 11 PM 2: 09

DOCUMENT # S14648 (7)

1. Corporation Name
COMLINK, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
**4301-H FORTUNE PLACE 4301-H FORTUNE PLACE
P O BOX 361494 P O BOX 361494
W MELBOURNE FL 32904 W MELBOURNE FL 32904**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/20/1990** 3a. Date of Last Report **01/24/1994**

2. Principal Place of Business 2a. Mailing Address
21 100 EYSTER BLVD 26 P.O. Box 561287
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-3038709** Applied For
Not Applicable

22 City & State 27 City & State
23 ROCKLEDGE, FL 28 ROCKLEDGE, FL

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

24 Zip 25 Country 29 Zip 30 Country
24 32955 25 USA 29 32956 30 USA

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

10. Name and Address of New Registered Agent

**MITCHELL, BRUCE A.
1825 S RIVERVIEW DR
MELBOURNE FL 32901**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **DURDEN, JERRY L.**
STREET ADDRESS **7684 SHERIDAN RD**
CITY - ST - ZIP **MELBOURNE FL**

TITLE **DVS**
NAME **BROWNHILL, LLOYD**
STREET ADDRESS **4370 CANARD RD**
CITY - ST - ZIP **MELBOURNE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS **7948 TIMBERLAKE DRIVE**
14 CITY - ST - ZIP **MELBOURNE, FL 32904**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP **32935**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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:

Jerry L. Durden
JERRY L. DURDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95

Date

407-636-7400

Telephone Number