

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

FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S32261 (7)
1. Corporation Name
COLT COMMUNICATIONS OF AMERICA, INC.



Principal Place of Business Mailing Address
105 SW 1ST AVE 105 S.W. 1ST AVE
S-105 WILLISTON FL 32696
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/18/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2992722	
24 Country		30 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

Applied For
Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees
☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUTTO, CHARLES S
ROUTE 3, BOX 372-F
CHIEFLND FL 32626

Change address to:
1450 N.W. Hwy 27A
Chiefland, FL
32626

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTO, CHARLES S	1.2 NAME	
STREET ADDRESS	RT 3, BOX 372-F N/A	1.3 STREET ADDRESS	1450 N.W. Hwy 27A
CITY-ST-ZIP	CHIEFLND FL	1.4 CITY-ST-ZIP	Chiefland, FL
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, SUSAN	2.2 NAME	
STREET ADDRESS	PO BOX 520 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTO, ROSEMARIE	3.2 NAME	
STREET ADDRESS	RT 3, BOX 372-F N/A	3.3 STREET ADDRESS	1450 N.W. Hwy 27A
CITY-ST-ZIP	CHIEFLND FL	3.4 CITY-ST-ZIP	Chiefland, FL
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, upon an attachment with an address.

SIGNATURE

Charles S. Hutto

3/12/98 251526 3322

CP2E034 (10/97)