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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:41

DOCUMENT # **S47746** **(0)**

1. Corporation Name

COMMUNICATIONS EQUIPMENT SOURCE, INC.

Principal Place of Business	Mailing Address
6308 BENJAMIN RD #706 TAMPA FL 33634	6308 BENJAMIN RD #706 TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1991	3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-3075195	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/will be subject to be under S. 607.1501, Florida Statutes: ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 5905 Johns Rd	26 5905 Johns Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TAMPA FL	28 City & State: TAMPA FL
24 Zip: 33634 25 Country: USA	29 Zip: 33634 30 Country: USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRUNETTE, THOMAS D. 4716 WINDFLOWER CIR TAMPA FL 33624	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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	61 TITLE	☐ Change ☐ Add
NAME	BRUNETTE, THOMAS D.	62 NAME	
STREET ADDRESS	4716 WINDFLOWER CIR	63 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	64 CITY ST ZIP	
TITLE	D	71 TITLE	☐ Change ☐ Add
NAME	REID, DAVID W.	72 NAME	
STREET ADDRESS	17026 WINNERS CIRCLE	73 STREET ADDRESS	
CITY ST ZIP	ODESSA FL	74 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Add
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Add
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		91 TITLE	☐ Change ☐ Add
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY ST ZIP		94 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Add
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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/We further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall be the same legally binding 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 above, if required, or on an attachment with an address.

SIGNATURE: [signature] DAVID W REID 2/20/95 813-265-2271

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

0301690 CP