

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

FILED

Mar 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S47746** (0)  
1. Corporation Name  
**COMMUNICATIONS EQUIPMENT SOURCE, INC.**



Principal Place of Business  
**5905 JOHNS RD  
TAMPA FL 33634  
US**

Mailing Address  
**5905 JOHN ROAD  
TAMPA FL 33634-4452  
US**

3. Date Incorporated or Qualified  
**04/25/1991**

3a. Date of Last Report  
**04/19/1996**

2. Principal Place of Business  
21 Suite, Apt. # etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 **5905 Johns Rd**  
27 Suite, Apt. #, etc.  
28 **TAMPA FL**  
29 **33634** 30 **US**

4. FEI Number  
**59-3075195**

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

**BRUNETTE, THOMAS D.  
4716 WINDFLOWER CIR  
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name  
**BRUNETTE, THOMAS D.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5905 JOHNS RD**

83

84 City  
**TAMPA**

85 Zip Code  
**FL 33634**

11. Pursuant to the provisions of Sections 607.0602 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 **THOMAS D. Brunette** DATE **3/14/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRUNETTE, THOMAS D.</b>	
STREET ADDRESS	<b>4716 WINDFLOWER CIR</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REID, DAVID W.</b>	
STREET ADDRESS	<b>17028 WINNERS CIRCLE</b>	
CITY - ST - ZIP	<b>ODESSA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>5905 Johns Rd</b>
1.4 CITY - ST - ZIP	<b>TAMPA FL 33634</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>5905 Johns Rd</b>
2.4 CITY - ST - ZIP	<b>TAMPA FL 33634</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE: **THOMAS D. Brunette** DATE **3/14/97** 813-265-2271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)