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Feb 27 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 # S52003 (8)  
1. Corporation Name  
COMMUNICATIONS PRODUCTS, INC.



Principal Place of Business: 620-B HWY 19 SOUTH PALATKA FL 32177  
Mailing Address: 620-B HWY 19 SOUTH PALATKA FL 32177

3. Date Incorporated or Qualified: 05/10/1991  
3a. Date of Last Report: 04/12/1996  
4. FEI Number: 59-3066879  
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

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

9. Name and Address of Current Registered Agent  
ROBERTS, QUINTUS IRVING  
ROUTE 1, BOX 2900  
PALATKA FL 32177

10. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     |
|----------------------------|-------------------------------------|
| TITLE                      | DPS <input type="checkbox"/> DELETE |
| NAME                       | ROBERTS, QUINTUS IRVING             |
| STREET ADDRESS             | ROUTE 1, BOX 2900                   |
| CITY - ST - ZIP            | PALATKA FL                          |
| 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            |                                     |
| TITLE                      | <input type="checkbox"/> DELETE     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY - ST - ZIP            |                                     |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY - ST - ZIP                                   |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY - ST - ZIP                                   |   |
| 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 if changed, or on an attachment with my address.

SIGNATURE: X *Quintus I. Roberts* QUINTUS I. ROBERTS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 329-4000  
2/21/97  
Daytime Phone #

CR2E034 (9/96)