

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

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Mar 25 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 # **S85099**

(7)

1. Corporation Name
GORHAM TELECONSULTANTS, INC

Principal Place of Business
**1044 CASTELLO DR 211
NAPLES FL 33940**

Mailing Address
**1044 CASTELLO DR 211
NAPLES FL 34103-1900**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1991		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0288314		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. 34103		29. 34103		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**BECKWITH, JR., C. GORHAM
1044 CASTELLO DR 211
NAPLES FL 33940**

10. Name and Address of New Registered Agent

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 type for person, firm, or corporation and if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☐ DELETE		☒ Change ☐ Addition	
12.1 NAME P BECKWITH, JR., C. GORHAM 1044 CASTELLO DR 211 NAPLES FL		12.1 TITLE (zipcode information only) 34103	
12.2 STREET ADDRESS		12.2 NAME	
12.3 CITY - ST - ZIP		12.3 STREET ADDRESS	
12.4 TITLE		12.4 CITY - ST - ZIP	
12.5 NAME		12.5 TITLE	
12.6 STREET ADDRESS		12.6 NAME	
12.7 CITY - ST - ZIP		12.7 STREET ADDRESS	
12.8 TITLE		12.8 CITY - ST - ZIP	
12.9 NAME		12.9 TITLE	
12.10 STREET ADDRESS		12.10 NAME	
12.11 CITY - ST - ZIP		12.11 STREET ADDRESS	
12.12 TITLE		12.12 CITY - ST - ZIP	
12.13 NAME		12.13 TITLE	
12.14 STREET ADDRESS		12.14 NAME	
12.15 CITY - ST - ZIP		12.15 STREET ADDRESS	
12.16 TITLE		12.16 CITY - ST - ZIP	
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12.24 TITLE		12.24 CITY - ST - ZIP	
12.25 NAME		12.25 TITLE	
12.26 STREET ADDRESS		12.26 NAME	
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12.97 NAME		12.97 TITLE	
12.98 STREET ADDRESS		12.98 NAME	
12.99 CITY - ST - ZIP		12.99 STREET ADDRESS	
12.100 TITLE		12.100 CITY - ST - ZIP	

14. I, the undersigned, 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 stated 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 of this report, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-07-97 941-434-0909

Date Daytime Phone #

CR2E034 (9/96)