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

APPROVED AND FILED

[illegible] -1 PM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S97268** **(4)**

1. Corporation Name

CAPTION COMMUNICATION SERVICES, INC.

Principal Place of Business	Mailing Address
501 E KENNEDY BLVD SUITE 100 TAMPA FL 33602	501 E KENNEDY BLVD SUITE 100 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/27/1991**

3a. Date of Last Report: **10/06/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-3104541** ☐ 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

9. Name and Address of Current Registered Agent

GIBBONS, GARY A.
3321 HENDERSON BLVD
TAMPA FL 33609

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 [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1 TITLE ☐ Change ☐ Addition
NAME	DREYER, THELMA H	2 NAME
STREET ADDRESS	4935 S MELROSE AVE	3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	4 CITY-ST-ZIP
TITLE	D	5 TITLE ☐ Change ☐ Addition
NAME	CHILDERS, CHARMAINE	6 NAME
STREET ADDRESS	12329 MUCK POND RD	7 STREET ADDRESS
CITY-ST-ZIP	SEFFNER FL	8 CITY-ST-ZIP
TITLE		9 TITLE ☐ Change ☐ Addition
NAME		10 NAME
STREET ADDRESS		11 STREET ADDRESS
CITY-ST-ZIP		12 CITY-ST-ZIP
TITLE		13 TITLE ☐ Change ☐ Addition
NAME		14 NAME
STREET ADDRESS		15 STREET ADDRESS
CITY-ST-ZIP		16 CITY-ST-ZIP
TITLE		17 TITLE ☐ Change ☐ Addition
NAME		18 NAME
STREET ADDRESS		19 STREET ADDRESS
CITY-ST-ZIP		20 CITY-ST-ZIP
TITLE		21 TITLE ☐ Change ☐ Addition
NAME		22 NAME
STREET ADDRESS		23 STREET ADDRESS
CITY-ST-ZIP		24 CITY-ST-ZIP

14. I hereby certify that the information supplied with this 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 above or on an attachment with an address.

SIGNATURE: Thelma H. Dreyer 4/28/95 (813) 229-1545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

Thelma H. DREYER

0200003 CP