

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

102

05 FEB 11 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # V07356

1. Entity Name
TELCOVE OF JACKSONVILLE, INC.

Principal Place of Business
712 NORTH MAIN ST
COUDERSPORT, PA 16915 US

Mailing Address
712 NORTH MAIN ST
COUDERSPORT, PA 16915 US



02082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3116083

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY (CSC)
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GUTH, ROBERT
STREET ADDRESS 121 CHAMPION WAY
CITY-ST-ZIP CANONSBURG, PA 15317

TITLE VAS ☒ Delete
NAME GLICKSMAN, JOHN B
STREET ADDRESS 121 CHAMION WAY
CITY-ST-ZIP CANONSBURG, PA 15317

TITLE TD ☐ Delete
NAME BABCOCK, EDWARD E
STREET ADDRESS 712 NORTH MAIN STREET
CITY-ST-ZIP COUDERSPORT, PA 16915

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Secretary ☐ Change ☒ Addition
NAME James E. Means
STREET ADDRESS 121 Champion Way
CITY-ST-ZIP Canonsburg, PA 16915

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

JAMES E. Means

2-8-05

724-743-9450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

292

ACCOUNT NO. : 072100000032

REFERENCE : 198036 5165606

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 150.00

ORDER DATE : February 10, 2005

ORDER TIME : 10:0 AM

ORDER NO. : 198036-015

CUSTOMER NO: 5165606

CUSTOMER: Julie Mason
Telcove
121 Champion Way
Canonsburg, PA 15317

RECEIVED
05 FEB 11 AM 10:35
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: TELCOVE OF JACKSONVILLE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#2956

EXAMINER'S INITIALS: _____