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Feb 26 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 # V30641 (7)

1. Corporation Name
ALTERNATIVE COMMUNICATIONS NETWORK, INC.

Principal Place of Business

8056 ULMERTON ROAD
CLEARWATER FL 34620

Mailing Address

8056 ULMERTON ROAD
CLEARWATER FL 34620-3944



3. Date Incorporated or Qualified
04/22/1992

3a. Date of Last Report
09/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3132618

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

KNIGHT, JEFFRY D
8056 ULMERTON ROAD
CLEARWATER FL 34620

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 of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME KNIGHT, JEFFRY D.
STREET ADDRESS 12855-49TH ST. N.
CITY-ST-ZIP CLEARWATER FL 34622

TITLE VTD
NAME HIMELSBAUGH, WALTER
STREET ADDRESS 12855-49TH ST. NORTH
CITY-ST-ZIP CLEARWATER FL 34622

TITLE D
NAME BENTLEY, DONNA P.
STREET ADDRESS 12855-49TH ST. NORTH
CITY-ST-ZIP CLEARWATER FL 34622

TITLE D
NAME KWASNICKI, CHARLES A.
STREET ADDRESS 12855-49TH ST. NORTH
CITY-ST-ZIP CLEARWATER FL 34622

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD
1.2 NAME KNIGHT, JEFFRY D.
1.3 STREET ADDRESS 6056 ULMERTON ROAD
1.4 CITY-ST-ZIP CLEARWATER, FL 34620

2.1 TITLE VTD
2.2 NAME HIMELSBAUGH, WALTER
2.3 STREET ADDRESS 6056 ULMERTON ROAD
2.4 CITY-ST-ZIP CLEARWATER, FL 34620

3.1 TITLE D
3.2 NAME BENTLEY, DONNA P.
3.3 STREET ADDRESS 6056 ULMERTON ROAD
3.4 CITY-ST-ZIP CLEARWATER, FL 34620

4.1 TITLE D
4.2 NAME KWASNICKI, CHARLES A.
4.3 STREET ADDRESS 6056 ULMERTON ROAD
4.4 CITY-ST-ZIP CLEARWATER, FL 34620

5.1 TITLE D
5.2 NAME LUDINGTON, JIM
5.3 STREET ADDRESS 6056 ULMERTON ROAD
5.4 CITY-ST-ZIP CLEARWATER, FL 34620

6.1 TITLE
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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)