SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V41561** **(4)**

1. Corporation Name

BUSINESSCOM SERVICES, INCORPORATED

Principal Place of Business	Mailing Address
750 CREATIVE DR STE B LAKELAND FL 33813-4906 US	750 CREATIVE DR ST B LAKELAND FL 33813-4906 US

2. Principal Place of Business	2a. Mailing Address
21 1725 Gibsonia-Galloway Rd	26 1725 Gibsonia-Galloway Rd
Suite, Apt. #, etc: 22 ~~23~~ Suite 23	Suite, Apt. #, etc: 27 Suite 23
City & State: 23 Gibsonia Florida	City & State: 28 Gibsonia Florida
Zip: 24 ~~[illegible]~~ 33810 Country: 25 USA	Zip: 29 33810 Country: 30 USA

3. Date Incorporated or Qualified: 06/01/1992
3a. Date of Last Report: 08/18/1995
4. FEI Number: 59-3128270 ☐ 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

THOMPSON, MARK
~~750 CRATIVE DR STE B~~
~~LAKELAND FL 33800~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1725 Gibsonia-Galloway Road Suite 23
83
84 City Gibsonia FL 85 Zip Code 33810

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 ________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	THOMPSON, MARK	
STREET ADDRESS	~~750 CREATIVE DR STE B~~	
CITY-ST-ZIP	~~LAKELAND FL~~	
TITLE	S	☒ DELETE
NAME	~~NIELSON, SERSNA~~ ~~THOMPSON MARK~~	
STREET ADDRESS	750 CREATIVE DR STE B	
CITY-ST-ZIP	LAKELAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1725 Gibsonia-Galloway Road Suite 23	
1.4 CITY-ST-ZIP	Gibsonia Florida 33810	
2.1 TITLE	S	☐ Change ☒ Addition
2.2 NAME	THOMPSON MARK	
2.3 STREET ADDRESS	1725 Gibsonia-Galloway Road Suite 23	
2.4 CITY-ST-ZIP	Gibsonia Florida 33810	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Mark S. Thompson 8/1/96 941-688-0270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)