## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # V50134

(8)

Principal Plate	COMMUNICATIONS, INC.	Mailing Address					
US		Lakeland FL 33802 US			3. Date Incorporated or Qualified	1- 5-	
2 Dringing					07/13/1992	3a. Date of 02/01	Last Report <b>1/1995</b>
2. Principal i	Place of Business	2a. Mailing Address 26			4. FEI Number		Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.			59-3136529		Not Applicable
22		27			5. Certificate of Status Desired	\$	8.75 Additional Fee Required
City & Sta	te	City & State			6. Election Campaign Financing	<del></del>	\$5.00 May Be
Zφ	Country	28			Trust Fund Contribution		Added to Fees
24	25	29	Country 30		This corporation has liability for Florida Statutes	intangible tax ur	nder s 199.032,
· · · · · · · · · · · · · · · · · · ·	<ol><li>Name and Address of Curre</li></ol>	nt Registered Agent	1001		10. Name and Address of New F	No No	nt
חווי בה	IEDDV I		81	Name		- grand and and a	
	, Jerry L Combee RD		82	Street Addre	ss (P.O. Box Number is Not Acceptat	ole)	
	ND FL 33802		83	<del></del>	<u> </u>		
			03				
			1 [	City		FL 85	Zip Code
<ol> <li>Pursuant or register</li> </ol>	to the provisions of Sections 607,0502 red agent, or both, in the State of Flori	and 607.1508, Florida Statutes	s, the above na	med corporal	ion submits this statement for the pur	pose of changin	a its registered office
rai i i i i a i v	red agent, or both, in the State of Flori ith, and accept the obligations of, Sect	ion 607.0505, Florida Statutes.	o by the corpor	ation's board	of directors. I hereby accept the appoint	ointment as regis	stered agent. I am
SIGNATURE	Signature, typed or printed name of registered agent	and this it anytherns		<b></b>			
12.	OFFICERS AN		E: Registered Agent s	gnature required v		DATE	
TITLE	DVS	☐ DELETE	1. 1 TITLE		ADDITIONS/CHANGES TO OFFI	ICERS AND DIRE	
NAME	BUTLER, JERRY L		1.2 NAME				wigt [] Addition
STREET ADDRESS CITY-ST-ZIP	1718 S COMBEE RD LAKELAND FL		1.3 STREET AD	DRESS			
TITLE	DVP	<b>□X</b> DELETE	1.4 CITY - ST - 2	ZIP			i
NAME	BUTLER, ROBERT N	TV neress	2. 1 TITLE 2.2 NAME			Cha	ange 🔲 Addition
STREET ADDRESS	2413 BAYSHORE BLVD 1402		2.3 STREET AD	DDECC			
CITY-ST-ZIP	TAMPA FL		24 CITY-ST-2				
TITLE	DV	☐ DELETE	3 1 TITLE			[] Cha	inge Addition
NAME CIRCLI ADODESO	BUTLER, ROBERT N JR	_	3 2 NAME				g- [_] roulless
STREET ADDRESS	2916 Brookhaven View, N.I Atlanta ga	<b>:</b> .	3.3 STREET AD	ORESS			
CITY-ST-ZIP TITLE	DP DP	Docto	3.4 CITY - S1 - Z	IP			•
NAME	BUTLER, VIRGINIA	DELETE	4. 1 THILE			🔀 Cha	inge [] Addition
STREET ADDRESS	2413 BAYSHORE BLVD 1402		4.2 NAME	51	15 Cooming I see D	3 #3	
CHTY-ST-ZIP	TAMPA FL		4.3 STREET ADS	JRESS JI	15 Socrum Loop R <u>keland</u> , FL 33809	oad, #1	.13
TITLE		☐ DELETE	5 1 TITLE	La La	kerand, FL 33609	Chai	one [] Iddii.e
NAME			5 2 NAME			☐ Cital	nge 🔲 Addition
STREET ADDRESS			5 3 STREET ADE	DRESS			
CITY-ST-ZIP			54 CITY-ST-ZI	Р			
TITLE NAME		☐ DELETE	6. 1 TITLE			Char	nge 🔲 Addition
STREET ADDRESS			6.2 NAME				
CITY-ST-ZIP			6.3 STREET ADO				
	certify that the information supplied w	ith this filing is voluntarily furnish	64 CITY-S1-ZI ed and does no	ot qualify for the	ne exemption stated in Section 119.0	7/2/fb) Elocida C	at doc 16 dt

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 it made under appears in Block 12 or Block 12 if changed, or on an attackment with an address.

SIGNATURES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96 (941)665-5105