## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

**FILED** May 15 1998 8:00am Secretary of State

TELEC	O <b>E</b> LECTI	RICAL, ING.										
Principal Place of Business Mailing Address									3 (00) ( 010) 0 011 ( 1000 0 1114 1000 0 1114 1001 0 1017 0 10	II DIDII BIYII	#(#3) @(@)  (##)	
24 HARRISON AVENUE 24 HARRISON AVENU												
PANAMA CITY FL 32401 PANAMA CITY					FL 32401				DO NOT WRITE IN THIS	SPACE		
									3. Date Incorporated or Qualified	OF ACE		
									09/30/1992			
2. Principal P	lace of Busin	2a. M	2a. Mailing Address					4. FEI Number Applied For				
21			26	26					58-2015688	Not Applicable		
Sulte, Apt. #, etc.			Si	Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional			
22			27								Required	
City & State			} <sub>1</sub>	City & State					6. Election Campaign Financing		00 May Be	
23 Zip	Zip Country			Zip Country					Trust Fund Contribution			
24	25			29 30					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes			
<del>=-</del>		and Address of Curre		ed Agent	1301	1			10. Name and Address of New Registered			
CA	NN, NORMA	N .				81	Name					
24 HARRISON AVE.						82 Street Addre			ss (P.O. Box Number is Not Acceptable)			
PANAMA CITY FL 32401									iss (i.e. box indition is into neceptable)			
						84	City			<b>85</b> Z	ip Code	
						L.,	,		F <u>L</u>	.		
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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											g its registered   as registered	
agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.												
SIGNATURE Signature typeo or proved name of registered against and titled applicable (NOTE: Registered Agent signature required when reliastating)  DATE												
12.	SIGNMONE SYDED	OFFICERS AN			13.	iu nye	er; signature	- required	ADDITIONS/CHANGES TO OFFICERS AN	DIRECT	ORS IN 12	
TITLE	D			DELETE	1.1 ]	ITŁE		1		Chang		
NAME	NAME FAIRCLOTH, RODNEY E.			1.2 NAA								
STREET ADORESS				1.3 STG			ADDRESS					
CITY-ST-ZIP	-ZIP CAIRO GA			1.4 0		1.4 CITY - ST - ZIP						
TITLE	D			DELETE 2.1 TI		2.1 TITLE				☐ Chang	e Addition C	
NAME	FAIRCLOTH, PATRICIA D.			2.2 N			2.2 NAME					
STREET ADDRESS		KEWOOD DR.			2.3 S	TREET	ADDRESS					
CITY-ST-ZIP	CAIRO	GA		T selection			ST - ZIP			110	TT 44.00	
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STREET ADDRESS							ADDRESS					
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NAME	: [				5.2 NAM							
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CITY-ST-ZIP					5.4 C	ITY-S	T-ZIP	<u> </u>				
TITLE				DELETE	6.1 T	11LE				Chang	e Addition	
NAME					6.2 N	AME						
STREET ADDRESS					1		ADDRESS	<b> </b>			ļ	
CITY-ST-ZIP	makifi di sassi	information to 1	office Mary Cor			ITY-S		1 0	140 07/07/5 Florid- Oct.	and the second	ilia lafaan	
in, inereby C	orany mantine	э киропицион Бирржеа у	via aus min	g aces not <b>qu</b> anty.	TOT THE EX	empi	แบบ รเสโย	ou in or	ection 119.07(3)(i), Florida Statutes. I further co	ormy (nati	ne momation [	

indicated on this annual roport 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 empowared to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attactingent with an address.