FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 853670 (8)

1. Corporation Name
TRANSCALL AMERICA, INC.

Principal Place of Business
515 E AMITE ST
JACKSON MS 39201
US

Mailing Address
PO BOX 23397
JACKSON MS 39228-3397
US

3. Date Incorporated or Qualified: 08/05/1982	3a. Date of Last Report: 01/31/1995
4. FEI Number: 58-1472775	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

2. Principal Place of Business
21 515 East Amite Street
Suite, Apt #, etc.
22
City & State
23 Jackson MS
Zip
24 39201-2702
Country
25 US

2a. Mailing Address
26 PO Box 23397
Suite, Apt #, etc.
27
City & State
28 Jackson MS
Zip
29 39226-3397
Country
30 US

9. Name and Address of Current Registered Agent
SULMONETTI, BRIAN
1515 SO. FEDERAL HWY #400
BOCA RATON FL 33432

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	EBBERS, BERNARD J	
STREET ADDRESS	515 E AMITE ST	
CITY-ST-ZIP	JACKSON MS	
TITLE	T	☐ DELETE
NAME	SULLIVAN, SCOTT	
STREET ADDRESS	515 EAST AMITE STREET	
CITY-ST-ZIP	JACKSON MS	
TITLE	D	☐ DELETE
NAME	EBBERS, BERNARD	
STREET ADDRESS	515 E AMITE ST	
CITY-ST-ZIP	JACKSON MS	
TITLE	D	☒ DELETE
NAME	KLVGE, JOHN W	
STREET ADDRESS	515 E AMITE ST	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	☒ DELETE
NAME	PORTER, JOHN A	
STREET ADDRESS	515 E AMITE ST	
CITY-ST-ZIP	JACKSON MS	
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		
1.4 CITY-ST-ZIP		
2.1 TITLE	Treasurer	☒ Change ☐ Addition
2.2 NAME	David Myers	
2.3 STREET ADDRESS	515 East Amite Street	
2.4 CITY-ST-ZIP	Jackson MS	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Director / Assistant Secretary	☒ Change ☐ Addition
4.2 NAME	Charles T. Cannada	
4.3 STREET ADDRESS	515 East Amite Street	
4.4 CITY-ST-ZIP	Jackson MS	
5.1 TITLE	Secretary	☐ Change ☒ Addition
5.2 NAME	Scott D. Sullivan	
5.3 STREET ADDRESS	515 East Amite Street	
5.4 CITY-ST-ZIP	Jackson MS	
6.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
6.2 NAME	William E. Anderson	
6.3 STREET ADDRESS	515 East Amite Street	
6.4 CITY-ST-ZIP	Jackson, MS	

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 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] David Myers - Treasurer 08-01-96 (601) 360-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E034 (12/95)