

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

94 JUL -5 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name: **VISIONS LONG DISTANCE AMERICA INC.**

DOCUMENT # **F93000003603 (8)**

Mailing Address: **P.O. BOX 469
MILLPORT AL 35576**

Principal Place of Business: **HIGHWAY 96
MILLPORT AL 35576**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/09/1993**

3a. Date of Last Report

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address: **P.O. Box 37**

2a. Principal Place of Business: **201 S. Pensacola Ave.**

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State: **Atmore, AL**

28. City & State: **Atmore, AL**

24. Zip: **36504**

25. Country

29. Zip: **36502**

30. Country

4. FEI Number: **45-0427228**

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**

7. Nonprofit Exempt from \$138.75 Supplemental Fee:

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:

**THE PRENTICE-HALL CORPORATION SYSTEM,
110 MAGNOLIA STREET NORTH
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent:

01. Name: **THE PRENTICE-HALL CORPORATION SYSTEM, INC.**

02. Street Address (P.O. Box Number is Not Acceptable): **1201 HAYES STREET**

03. **SUITE 105**

04. City: **TALLAHASSEE**

05. State: **FL**

06. Zip Code: **32301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	P/D	12 NAME	PESTORIUS FREDERICK R	11 TITLE	P/D	12 NAME	Carr, Jeremiah T.
13 STREET ADDRESS	180 SOUTH CLINTON AVENUE	13 STREET ADDRESS	180 South Clinton Avenue	13 STREET ADDRESS	180 South Clinton Avenue	14 CITY, ST, ZIP	Rochester, NY 14646
14 CITY, ST, ZIP	ROCHESTER NY 14646	14 CITY, ST, ZIP	ROCHESTER NY 14646	21 TITLE	V	22 NAME	Cassara, Anthony J.
21 TITLE	V	22 NAME	CESSARA ANTHONY J	23 STREET ADDRESS	180 South Clinton Ave.	24 CITY, ST, ZIP	Rochester, NY 14646
23 STREET ADDRESS	180 SOUTH CLINTON AVENUE	23 STREET ADDRESS	180 South Clinton Avenue	31 TITLE	S/D	32 NAME	MASSARO LOUIS L
24 CITY, ST, ZIP	ROCHESTER NY 14646	33 STREET ADDRESS	180 South Clinton Avenue	33 STREET ADDRESS	180 South Clinton Avenue	34 CITY, ST, ZIP	Rochester, NY 14646
31 TITLE	S/D	32 NAME	MASSARO LOUIS L	41 TITLE	A/S/T	42 NAME	KOZIATEK RODNEY S
33 STREET ADDRESS	180 SOUTH CLINTON AVENUE	43 STREET ADDRESS	180 South Clinton Avenue	43 STREET ADDRESS	180 South Clinton Avenue	44 CITY, ST, ZIP	ROCHESTER NY 14646
34 CITY, ST, ZIP	ROCHESTER NY 14646	51 TITLE	C/D	51 TITLE	C/D	52 NAME	BITTNER RONALD L
41 TITLE	A/S/T	52 NAME	BITTNER RONALD L	53 STREET ADDRESS	180 South Clinton Avenue	54 CITY, ST, ZIP	ROCHESTER NY 14646
42 NAME	KOZIATEK RODNEY S	53 STREET ADDRESS	180 South Clinton Avenue	54 CITY, ST, ZIP	ROCHESTER NY 14646	61 TITLE	
43 STREET ADDRESS	180 SOUTH CLINTON AVENUE	61 TITLE		62 NAME	McGehee, Jefferson L.	63 STREET ADDRESS	201 South Pensacola Avenue
44 CITY, ST, ZIP	ROCHESTER NY 14646	62 NAME		64 CITY, ST, ZIP	Atmore, AL 36502	64 CITY, ST, ZIP	
51 TITLE	C/D	63 STREET ADDRESS		64 CITY, ST, ZIP			
52 NAME	BITTNER RONALD L	64 CITY, ST, ZIP					
53 STREET ADDRESS	180 SOUTH CLINTON AVENUE						
54 CITY, ST, ZIP	ROCHESTER NY 14646						

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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Sections 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signatures shall have the same legal effect as if made under oath, that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 217, Florida Statutes, that I am an officer or director of the corporation or the person or person empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears as Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jefferson L. McGehee* Jefferson L. McGehee 6/27/94 (205) 368-9638

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR