

**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 # F95000001590 (7)**  
1. Corporation Name  
**ELEC-TEL SUPPLY COMPANY**



Principal Place of Business: **20 N. ORANGE AVENUE, SUITE 200 ORLANDO FL 32801**  
Mailing Address: **20 N. ORANGE AVENUE, SUITE 200 ORLANDO FL 32801**

59-3305237

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>863 WHITE CIRCLE CT</b>	26		<b>04/03/1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		<b>APPLIED FOR</b>	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	<b>MARIETTA, GA</b>	28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip <b>30060</b>	25	Country <b>U.S.A.</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
29		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS STREET, SUITE 105</b> <b>TALLAHASSEE FL 32301</b>				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 \_\_\_\_\_  
Signature typed or printed name of registered agent at this office. (Initials) Registered Agent signature required when filing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKINSTRY, LEE</b>	1.2 NAME	
STREET ADDRESS	<b>863 WHITE CIRCLE COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARIETTA GA 30080</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, A. STEWART JR</b>	2.2 NAME	
STREET ADDRESS	<b>20 N. ORANGE AVENUE, SUITE 200</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACKFORD, ROBERT N ESQ</b>	3.2 NAME	
STREET ADDRESS	<b>TWO S. ORANGE AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZEPF, J. STEPHEN</b>	4.2 NAME	
STREET ADDRESS	<b>20 N. ORANGE AVENUE, SUITE 200</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGHES, DAVID H</b>	5.2 NAME	
STREET ADDRESS	<b>20 N. ORANGE AVENUE, SUITE 200</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, JAY MS</b>	6.2 NAME	
STREET ADDRESS	<b>20 N. ORANGE AVENUE, SUITE 200</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on the attachment with an address.

SIGNATURE *Robert N. Blackford* **ROBERT N. BLACKFORD** 4/29/96 (407) 841-4755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)