FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:17

DOCUMENT # J14262 (6)

1. Corporation Name
PHONEMASTERS COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
6290 EDGEWATER DR. ORLANDO FL 32810	6290 EDGEWATER DR. ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/09/1986
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0214974 ☐ 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

9. Name and Address of Current Registered Agent

BURKE, JOHN B.
6290 EDGEWATER DR
ORLANDO FL 32810

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	1.1 TITLE	CSTP	☑ Change ☐ Addition
NAME	USHER, WILLIAM T.	1.2 NAME	USHER, WILLIAM T	
STREET ADDRESS	1950 AALBERT LEE PKWY	1.3 STREET ADDRESS	1950 ALBERT LEE PKWY	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	WINTER PARK, FLA.	
TITLE	DP	2.1 TITLE		☐ Change ☐ Addition
NAME	BURKE, JOHN B.	2.2 NAME		
STREET ADDRESS	1425 WINSTON ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	STEINMETZ, CHARLES P.	3.2 NAME		
STREET ADDRESS	195 W SPRING LAKE DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	ALT SPRINGS FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	DELETE	☑ Change ☐ Addition
NAME	GUIDRY, RONALD F.	4.2 NAME		
STREET ADDRESS	11150 ROUND TABLE DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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 the 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: John B. Burke JOHN B. BURKE 2-8-95 407-291-1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004104 CP