

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

SEP 11 1994 9:31

DOCUMENT # P31690 (1)

1. Corporation Name
SOUTHEAST SWITCH, INC.

Principal Place of Business
2600 LAKE LUCIEN DR. SUITE 113 MATTLAND FL 32751 US

Mailing Address
2600 LAKE LUCIEN DR. SUITE 113 MATTLAND FL 32751 US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **10/30/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3024662** 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 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____
Signature (Print or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	BENNION, THOMAS O.
STREET ADDRESS	2600 LAKE LUCIEN DR STE 113
CITY, ST, ZIP	MATTLAND FL
TITLE	T
NAME	RECOB, STANLEY E
STREET ADDRESS	2600 LAKE LUCIEN DR STE 113
CITY, ST, ZIP	MATTLAND FL
TITLE	C
NAME	SALE, ALVIN F
STREET ADDRESS	ONE FIRST UNION CENTER
CITY, ST, ZIP	CHARLOTTE NC
TITLE	D
NAME	PALMER, JONATHAN J
STREET ADDRESS	50 N LAURA ST 41ST FLOOR
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	V
NAME	HESTER, TRUMAN L
STREET ADDRESS	2600 LAKE LUCIEN DR STE 113
CITY, ST, ZIP	MATTLAND FL
TITLE	V
NAME	SPIES, GEORGE J
STREET ADDRESS	2600 LAKE LUCIEN DR STE 109
CITY, ST, ZIP	MATTLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	DIRECTOR
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	CHAIRMAN
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	Exec. Vice President
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	Exec. Vice President
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 attached addendum with an address.

SIGNATURE: *Stanley E. Recob*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STANLEY E. RECOB, TREASURER

JUNE 6, 1995 (407) 875-2500
Date Telephone #

CR2E034 (3/95)

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**SOUTHEAST SWITCH
ADDITIONAL OFFICERS AND DIRECTORS**

TITLE: Vice Chairman
NAME: C. Leon Wilson
STREET ADDRESS: 2501 Wooten Blvd.
CITY-ST-ZIP: Wilson, NC 27894

TITLE: Director
NAME: Bernard Baum
STREET ADDRESS: 1075 Inner Loop Road
CITY-ST-ZIP: College Park, GA 30337

TITLE: Director
NAME: F. Stevenson Brice
STREET ADDRESS: 500 11th Street
CITY-ST-ZIP: Columbus, GA 31902

TITLE: Director
NAME: Joseph A. Cooper
STREET ADDRESS: 3128 Smoketree Court
CITY-ST-ZIP: Raleigh, NC 27626

TITLE: Director
NAME: Lowell Kamm
STREET ADDRESS: 7455 Chancellor Drive
CITY-ST-ZIP: Orlando, FL 32809

TITLE: Director
NAME: Doug King
STREET ADDRESS: 301 N. Main Street
CITY-ST-ZIP: Winston-Salem, NC 27150

TITLE: Director
NAME: Ronnie C. Monger
STREET ADDRESS: 127 W. Webster Street
CITY-ST-ZIP: Whiteville, NC 28472

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TITLE: Director
NAME: Mark R. Ricci
STREET ADDRESS: 100 N. Tryon Street
CITY-ST-ZIP: Charlotte, NC 28255

TITLE: Director
NAME: Eloise A. Woods
STREET ADDRESS: 1155 Peachtree Street
CITY-ST-ZIP: Atlanta, GA 105205

TITLE: Secretary
NAME: Cheryl W. Bransford
STREET ADDRESS: 2600 Lake Lucien Drive
CITY-ST-ZIP: Maitland, FL 32751

TITLE: Senior Vice President
NAME: Curtis D. Fish
STREET ADDRESS: 2600 Lake Lucien Drive
CITY-ST-ZIP: Maitland, FL 32751

TITLE: Sr. Vice President
NAME: Charles K. Lefevre
STREET ADDRESS: 2600 Lake Lucien Drive
CITY-ST-ZIP: Maitland, FL 32751

TITLE: Vice President
NAME: James W. Froehlich
STREET ADDRESS: 2600 Lake Lucien Drive
CITY-ST-ZIP: Maitland, FL 32751

TITLE: Vice President
NAME: M. Kim Gardner
STREET ADDRESS: 2600 Lake Lucien Drive
CITY-ST-ZIP: Maitland, FL 32751

TITLE: Vice President
NAME: George S. King
STREET ADDRESS: 2600 Lake Lucien Drive
CITY-ST-ZIP: Maitland, FL 32751

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TITLE: Vice President
NAME: Thomas W. Tesmer
STREET ADDRESS: 2600 Lake Lucien Drive
CITY-ST-ZIP: Maitland, FL 32751