

**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 MAY -1 PM 1:39

**DOCUMENT # P94000075694 (7)**

1. Corporation Name

**INTOUCH AMERICA, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 13271  
GAINESVILLE FL 32604

P.O. BOX 13271  
GAINESVILLE FL 32604

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

10/14/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

22

27

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

City & State

City & State

6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and the # applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

PD  
MADSON, WILLIAM  
1020 NW 6TH STREET, STE C  
GAINESVILLE FL 32601

STD  
HOLTZMAN, SCOTT A  
209 SW 10TH AVE  
GAINESVILLE FL 32601

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE  Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2 1 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3 1 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4 1 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5 1 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6 1 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(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:

*William Madson*  
W C Madson

4/27/95

904-338-9020