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 APR 13 PM 12:37

DOCUMENT # **385610** **(1)**

1. Corporation Name

CENTRAL TELEPHONE COMPANY OF FLORIDA

Principal Place of Business	Mailing Address
555 LAKE BORDER DR APOPKA FL 32703 US	P O BOX 165000 ALTAMONTE SPGS FL 32716 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/19/1971	04/25/1994

2. Principal Place of Business	2a. Mailing Address
21	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: 47-0537144 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNS, JERRY M 555 LAKE BORDER DR APOPKA FL 32703	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 and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KELLEY, J DARRELL	12 NAME	
STREET ADDRESS	555 LAKE BORDER DR	13 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	MCRAE, RICHARD D	22 NAME	
STREET ADDRESS	555 LAKE BORDER DR	23 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	24 CITY-ST-ZIP	
TITLE	~~D~~	31 TITLE	☐ Change ☐ Addition
NAME	~~GRANGER, JAMES C~~	32 NAME	
STREET ADDRESS	~~555 LAKE BORDER DR~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~APOPKA FL~~	34 CITY-ST-ZIP	
TITLE	VS	41 TITLE	☐ Change ☐ Addition
NAME	JOHNS, JERRY M	42 NAME	
STREET ADDRESS	555 LAKE BORDER DR	43 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	MYNATT, MICHAEL R	52 NAME	
STREET ADDRESS	555 LAKE BORDER DR	53 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	54 CITY-ST-ZIP	
TITLE	VAS	61 TITLE	☐ Change ☐ Addition
NAME	JENSEN, DON A	62 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PKWY	63 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD KS	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 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 an attachment with an address.

SIGNATURE: JERRY M. JOHNS 4-10-95 407-889-6016
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0413981 FP