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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

📞 Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 385610

(1)

CENTRAL TELEPHONE COMPANY OF FLORIDA

Principal Place of Business EEE LAVE DODOCO DO

Mailing Address

FILED May 06, 1996 08:00 AM **Secretary of State**



APOPKA FL US		P O BOX 165000 Altamonte spgs fl US	L 32 716		Date Incorporated or Qualified	3a, Date of Last	December
					07/19/1971	04/13/1	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	04/10/1	Applied For
21					47-0537144	-	Not Applicable
Suite, Apt #, etc.		Suite Apt. #, etc 27 Box 165000		5. Certificate of Status Desired		5 Additional Required	
City & State		City & State Altamonte S	Altamonte Springs, FL		Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip 24	Country 25	^{Zip} 32716-5000	Country 30 Ora	inge	This corporation has liability for in Florida Statutes ☐ Yes.	intangible tax under s	199.032,
	Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent	
			81	Name			
JOHNS,	JERRY M		82	Street	Address (P.O. Box Number is Not Acceptab	(a)	
555 LAKE BORDER DR				Street Address (1.55. Dox Hamber is Not Acceptable)			
APOPK/	A FL 32703		83				
			84	City			ip Code
				i named co oration s	orporation submits this statement for the purp board of directors. Thereby accept the appo	pose of changing its pintment as registere	registered office
SIGNATURE	and describe the configurations of, accord	in 607.0000, Fidrida Statutes				G	
12.	Signature, typed or prodest herre of registered agent a OFFICERS AND			Isgredue o	eginet viven renetating	CPALE	i
TrillE	PD OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFI		
NAME	KELLEY, J DARRELL		1 1 TITLE			Change	Addition 3
STREET ADDRESS	555 LAKE BORDER DR		1.2 NAM:	ļ			6
CITY-ST-ZIP	APOPKA FL		1.3 STREET				الم
TITLE	DV	[] DELETE	1.4 C(1Y - S 2 1 T(1LE	1 · ZIP			}
NAME	MCRAE, RICHARD D	[] beech				Change	Addition C
STREET ADDRESS	555 LAKE BORDER DR		2.2 NAME				
CITY-ST-ZIP	APOPKA FL		23 STREET				
TITLE	VS	DELETE	2.4 CITY-S 3.1 TIFLE	: - ZIP		F1.0	
NAME	JOHNS, JERRY M	DECENT	3 2 NAME			☐ Change	☐ Addition
STREET ADDRESS	555 LAKE BORDER DR			4505.00	_		
CITY-ST-ZIP	APOPKA FL		3 3 STREET		70000180	19207	
TITLE	T	DELETE	34 Cily+S 4 1 TifLE	1 - 211		35034	D Miles
NAME	MYNATT, MICHAEL R		4.2 NAME		***200.00	Unange	☐ Addition
STREET ADDRESS	555 LAKE BORDER DR		4.3 STREET	Variation			-
CITY-ST-ZIP	APOPKA FL		44 CITY - S				1
TITLE	VAS	▼ DELETE	5 1 TI'LE		Assistant Secretary	☐ Change	- Addition
NAME	JENSEN, DON A	<u> </u>	5.2 NAME		S. V. Stucker	change	22 VOOIIO I
STREET ADDRESS	2330 SHAWNEE MISSION PK	ΝY	5.3 STREET		555 Lake Border Drive		
CiTY-ST-ZiP	WESTWOOD KS	•••	5 4 CITY - SI		Apopka, FL 32703		
TITLE		DELETE	6 1 TITLE		DV	Change	PXPX Add tion
NAME		_	6.2 NAME		M. A. McCarthy	G.varige	Eskapan ton
STREET ADDRESS			6.3 STREET		555 Lake Border Drive		
CITY-ST-ZIP			6.4 CHTY-ST		Apopka, FL 32703		ļ
	certify that the information curvalied we	the Allie of the Control of the Cont	04 (1:1-2)	- 1 le.	L-L-C		

I do hereby certify that the information supplied with this fling 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TERRY 11 TAHLS UD

407-889-6019