FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

DOCUMENT # 404868 (2)

1. Corporate Name

TELECOMMUNICATION ASSOCIATES, INCORPORATED

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
WEST HIGHWAY 44 P.O. BOX 596 LEESBURG FL 34788	PO BOX 309 HOMOSASSA SPRINGS FL 34447 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1972

3a. Date of Last Report: 01/27/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or P.O. Box — 22

Suite, Apt. # or P.O. Box — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25

Zip — 29 — County — 30

4. FEI Number: 59-1410379 ☐ 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. Does corporation owe back taxes under s. 193.092, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SINCLAIR, ALBERT R.
ONE BLUE WATER POINT
HOMOSASSA SPRINGS FL 32647

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 Section 607.1905, Florida Statutes, the above named corporation submits the 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(S)

12. OFFICER AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS	
Title	PD	Title	☐ Change ☐ Addition
Name	SINCLAIR, ALBERT R.	Name	
Street Address	ONE BLUE WATER POINT	Street Address	
City-State-Zip	HOMOSASSA SPRINGS FL	City-State-Zip	
Title	STD	Title	☐ Change ☐ Addition
Name	SINCLAIR, ILSE H.	Name	
Street Address	ONE BLUE WATER POINT	Street Address	
City-State-Zip	HOMOSASSA SPRINGS FL	City-State-Zip	
Title	D	Title	☐ Change ☐ Addition
Name	GREEN, W. T.	Name	
Street Address	9030 WEST FT ISLAND TR	Street Address	
City-State-Zip	CRYSTAL RIVER FL	City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report.

SIGNATURE: Ilse H. Sinclair — 5/5/95 — 904-628-2284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ILSE H. SINCLAIR

Date — Telephone #

0497088 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # 405001 (9)

1. Corporate Name

INTERSCIENCE, INCORPORATED

Principal Place of Business	Mailing Address
5440 BEAUMONT CENTER BLVD. #490 TAMPA FL 33634-2287	5440 BEAUMONT CENTER BLVD. #490 TAMPA FL 33634-2287

3. Date Incorporated or Qualified: 07/14/1972
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-1563954 [ ] 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 [X] Yes [ ] No

2. Principal Place of Business: 21 ___ Suite, Apt. # etc.: 22 ___ City & State: 23 ___ Zip: 24 ___ Country: 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. # etc.: 27 ___ City & State: 28 ___ Zip: 29 ___ Country: 30 ___

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HERRING, DAVID W. 5440 BEAUMONT CTR BLVD. TAMPA FL 33634	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 617.1508, 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 ___

12. Officers and Directors		13. Additions/Changes to Officers and Directors in 12	
TITLE	PD	TITLE	[ ] Change [ ] Addition
NAME	HERRING, DAVID W	NAME	
STREET ADDRESS	5440 BEAUMONT CTR. BLVD	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	CITY-ST-ZIP	
TITLE	VD	TITLE	[ ] Change [ ] Addition
NAME	BULLINGTON, MARVIN E	NAME	
STREET ADDRESS	5440 BEAUMONT CTR BLVD.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	STD	TITLE	[ ] Change [ ] Addition
NAME	WARD, DONNA M	NAME	
STREET ADDRESS	5440 BEAUMONT CTR BLVD.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I the undersigned, 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 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: Donna M. Ward (signature) Donna M. Ward STD 5/8/95 (813) 885-4774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0301032 CP