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

APPROVED AND FILED
95 APR 28 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **493706** **(6)**

1. Corporation Name
TELCO SERVICE INC.

Principal Place of Business	Mailing Address
P.O. BOX 3835 TALLAHASSEE FL 32315	P.O. BOX 3835 TALLAHASSEE FL 32315

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/14/1976**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-1643516** ☐ 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

9. Name and Address of Current Registered Agent

MCCAULEY, J.E.
4829 MARKET PLACE
TALLAHASSEE FL 32315

10. Name and Address of New Registered Agent

81 Name: McCAULEY, I J
82 Street Address (P.O. Box Number is Not Acceptable): 4829 MARKET PLACE
83:
84 City: TALLAHASSEE **FL** 85 Zip Code: 32315

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: I. J. McCauley — 4-20-1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MCCAULEY, J.E.	1.2 NAME	McCAULEY I J	
STREET ADDRESS	4829 MARKET PLACE	1.3 STREET ADDRESS	4829 MARKET PLACE	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE FL 32315	
TITLE	SD	2.1 TITLE	S	☒ Change ☐ Addition
NAME	MCCAULEY, I.J.	2.2 NAME	DAUGHTRY M K	
STREET ADDRESS	4829 MARKET PLACE	2.3 STREET ADDRESS	4829 MARKET PLACE	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE FL 32315	
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	MCCAULEY, I.J.	3.2 NAME	DAUGHTRY M K	
STREET ADDRESS	4829 MARKET PLACE	3.3 STREET ADDRESS	4829 MARKET PLACE	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TALLAHASSEE FL 32315	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: I. J. McCauley — 4-20-1995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL I J McCAULEY — Date — Daytime Phone #

0403083 FP