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 JAN 31 AM 9:03

DOCUMENT # F28824 (3)

1. Corporation Name
MICROTEL, INC.

Principal Place of Business	Mailing Address
515 E AMITE ST JACKSON MS 39201 US	PO BOX 23397 JACKSON MS 39225-3397 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1981
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2118268 ☐ 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

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

SULMONETI, BRIAN
1515 SO. FEDERAL HWY, #400
S-400
BOCA RATON FL 33432

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 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	EBBERS, BERNARD J	1.2 NAME	
STREET ADDRESS	515 E AMITE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	1.4 CITY-ST-ZIP	
TITLE	CFO	2.1 TITLE	☐ Change ☐ Addition
NAME	CANNADA, CHARLES T	2.2 NAME	DELETE
STREET ADDRESS	515 E AMITE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	EBBERS, BERNARD J	3.2 NAME	
STREET ADDRESS	515 E AMITE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE T	☐ Change ☐ Addition
NAME	AYCOCK, CARL J	4.2 NAME	SCOTT SULLIVAN
STREET ADDRESS	515 E AMITE ST	4.3 STREET ADDRESS	515 EAST AMITE
CITY-ST-ZIP	JACKSON MS	4.4 CITY-ST-ZIP	JACKSON MS 39201
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KLVGE, JOHN W	5.2 NAME	
STREET ADDRESS	515 E AMITE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	PORTER, JOHN A	6.2 NAME	
STREET ADDRESS	515 E AMITE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	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, added or deleted.

SIGNATURE: X _____ 1-18-95 601-360-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SCOTT SULLIVAN

0478845 FP