

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

F94000006438 (5)

GALAXY TELECOM, INC. EINSTATEMENT 96-97

FILED 97 APR -1 PM 3: 33 SECRETARY OF STATE

Principal Place of Business , Mailing Address									
1220 N. MAIN ST. SIKESTON MO 63801		1220 N. MAIN ST. SIKESTON MO 63801							
						3. Date incorporated or Qualified 12/16/1994	3a. Date	of Last 4/11/	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				43-1694749			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc,	-n			5. Certificate of Status Desired			5 Additional e Required
City & Stat	е	City & State	¬ı ´			Election Campaign Financing Trust Fund Contribution			00 May Be ded to Fees
Z(p)	Country 25	Zφ	Cour	ntry		8. This corporation has liability for intangible tax under s 199,032, Florida Statutes Yes 7 No			
27	9. Name and Address of Currer	1	1301	— - ~		10. Name and Address of New R		gent	
				81	Name			•	
CORPORATION SERVICE COMPANY				62	Street Add	ress (P.O. Box Number is Not Acceptab	le)	<u>-</u>	
	HAYES ST.							·	
TALLA	HASSEE FL 32301		[83					
	/		1	" l	City		FL	11	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abov	ve-nai	med corpo	ration submits this statement for the pur	pose of char	nging it	s registered office
or registe familiar w	prophagent, or both, in the State of Flori dun, and account the obligations of, Sect	da. Such change was authorize Ion 6070)505. Florida Statutes.	ed by the o	orpor	ation's boa	ration submits this statement for the pur ard of directors, I hereby accept the appoint	ointment as i	egister	ed agent. I am
SIGNATURE	AVVIONK	1000			Karen	B. Rozar, As Its Agent			
SIGNATURE	Sky ature, by Aut or skinted hanve of registered again	i end sittle rapping bill (NO	TE: Registered	Agent s		ed when retnetating	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	TORS IN 12
TITLE	PD	DELETE	1. 1 717	TLE) Chang	e 🔲 Addition
NAME	GLEASON, TOMMY L JR		1.2 NA	1.2 NAME		والماء والناو ومادو والنام ومادو فيتان	4	d 5000	79 (C)
STREET ADDRESS			1.3 STREET ADDRESS		DDRESS	7000021 -04/02/	ሊ 430 ኤ ሴ /07 01	作した ハウご	001
City St-ZiP	SIKESTON MO 63801			CITY-ST-ZIP		7947 U.C.7 	15 AA	U (O	**************************************
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NAME.			2.2 NA	2.2 NAME					
STREET ADDRESS	1220 N. MAIN ST. 2		2.3 ST	2.3 STREET ADDRESS					
CITY - ST- ZIP	SIKESTON MO 63801			2.4 CITY - ST - ZIP					
THLE	VSTD	DELETE 3.1		3. 1 TITLE] Chang	e 🔲 Addition
NAME			3.2 NA	3.2 NAME					
STREET ADDRESS			3 3. ST	3.3. STREET ADDRESS					
C-11 - ST - 7IP	· · · · · · · · · · · · · · · · · · ·			Y-\$T-	ZIP		<u></u>		
THILE	D	☐ DELETE	4. 1 Til	TLE)] Chang	e 🔲 Addition
NAME	COLLATOS, WILLIAM P		4.2 NA	ME					
STREET ADORESS	125 HIGH ST.		4.3 ST	REET AL	DDRESS				
CITY ST ZIF	BOSTON MA	,	4.4 CiT	Y-ST-	ZIP				· · · · · · · · · · · · · · · · · · ·
1110	D	DELETE	5 1 717	TLE] Chang	e 🔲 Addition
NAV!	TADLER, RICHARD D		5.2 NA	ME	J				
STREET, ADDRESS	125 HIGH ST.		5.3 ST	AEET AI	DDRESS				
CITY - ST- ZIP	BOSTON MA		5.4 CIT	TY-\$T-	ZIP	A.	1.1	<u> </u>	
TITLE	D	DEFE1E	6. 1 70	TLE		/\dagger\).\	$\gamma \gamma'$) Chang	e 🔲 Addition
NAME	SCHICIANO, KENNETH T		6.2 NA	ME		D-1411	1141		
STREET ADDRESS	125 HIGH ST.		63 ST	REET AI	DDRESS	II'M	lil		
CITY - \$1 - ZIP	BOSTON MA		6.4 CIT	64 CITY-ST-7			1		

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.