

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F95000003148 (2)**

1. Corporation Name  
**AMTEL NETWORK, INC.**



Principal Place of Business  
**919 DILWORTH ST  
ST MARYS GA 31558**

Mailing Address  
**919 DILWORTH ST  
ST MARYS GA 31558**

3. Date Incorporated or Qualified <b>06/29/1995</b>	3a. Date of Last Report
4. FEI Number <b>58-2030763</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

**9. Name and Address of Current Registered Agent**

**REILLY, GORDON R  
3226 REMINGTON ST  
JACKSONVILLE FL 32205**

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**1287 AVONDALE AVENUE**

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>WESTBERRY, WYMAN</b>	
STREET ADDRESS	<b>919 DILWORTH ST</b>	
CITY-ST-ZIP	<b>ST MARYS GA 31558</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>SPANGLER, ROBERT E</b>	
STREET ADDRESS	<b>919 DILWORTH ST</b>	
CITY-ST-ZIP	<b>ST MARYS GA 31558</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>BECKER, ERNEST C</b>	
STREET ADDRESS	<b>106 NELSON PL</b>	
CITY-ST-ZIP	<b>ST MARYS GA 31558</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>REILLY, GORDON R</b>	
STREET ADDRESS	<b>3226 REMINGTON ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARINO, CHARLES J</b>	
STREET ADDRESS	<b>4309 SPRINGHILL CT</b>	
CITY-ST-ZIP	<b>KINGSLAND GA 31548</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>1287 AVONDALE AVENUE</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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:** **ROBERT SPANGLER** **4-29-96** **912-673-6000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)