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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # F9500004342 (0)

FRAZIER TELECOMMUNICATIONS GROUP, INC.

Principal Place of Business 245 LINDSAY STREET ALCOA TN 37701 Mailing Address

245 LINDSAY STREET ALCOA TN 37701



3. Date Incorporated or Qualified 3a. Date of Last Report

						09/07/1995				
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		- L_	Applied For		
21	26					62-1354120		Not Applicable		
Suite, Apt. #, etc. Suite, 2 27		Suite, Apt. #, etc.	в, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Sta	ile:	City & State				6. Election Campaign Financing		\$5.	00 May Be	
23]		28				Trust Fund Contribution			led to Fees	
Zip	Country	Zip	Coun	try	-	8. This corporation has liability fo	r intangible ta	x under	s 199.032,	
24	25	29	30			Florida Statutes 🔲 Ye	s No			
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New	Registered	Agent		
			į.	B1 1	Name					
TUTTERROW, THOMAS E				82 Street Address (P.O. Box Number is Not Acceptable)						
10212 NW 129TH STREET			`	, °	Street Address	S. C. Box Harrison is 1101 rocopie	10.0)			
	EAH GARDENS FL 33016		Ţ	B3	•					
MALE	EART GARDENS PE 55010		1					11		
				B4	City		FI	85	Zip Code	
44 Duzeuen	It to the provisions of Sections 607.050	2 and 607 1508. Etorida Statu	tes the above	e-nai	med corporat	ion submits this statement for the n	3 000	noina it	s registered office	
or registr familiar v SIGNATURE	ered agent, or both, in the State of Flor with, and accept the obligations of, Sco	ida: Such change was authori tion 607.0505, Florida Statute	zed by the co s.	orpor	ation's board	of directors. I hereby accept the ap	pointment as	register	ed agent. I am	
. ,	Signature, typical or printed name of registered agen				signature required v					
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF				
TILF	PCD	☐ DELETE 1				Change Ad			e Addition	
HAMF	Frazier, myrna m		1.2 NA	ME						
STREET ADDRESS	7244 BREWER ROAD		1.3 ST		DORESS					
CI'Y-ST ZIP	MARYVILLE TN		1.4 CIT	1.4 CITY - S1 - 2IP						
111. F	VD	DEFELE		2 1 TITLE			[Chang	e 🔲 Addition	
NAME	FRAZIER, TED D		2 2 NA	VE						
STREET ADDRESS	7244 BREWER ROAD		2357	REET AL	DDRESS					
CHY SE ZIE	MARYVILLE TN		24 01	Y-ST-	ZIP					
110	STD	DELETE	3 1 TI	TITLE				Chang	e 🔲 Addition	
NAMi	GLASS, JAMES D		32 NA	ME						
STREET ADDRESS	THISEDINE DO		33 ST	REET A	ADDRESS					
CHY ST-7P	MARYVILLE TN		3.4 CIT	Y-\$1-	- ZIP					
TILE	THE DESIGNATION AND DESIGNATION OF THE PERSON OF THE PERSO	DELETE	4 1 11				1	Chang	e 🔲 Addition	
NAME			4.2 NA	ME						
STREET ADDRESS					DDRESS					
			4.4 CH							
CHY-S1-7IP THEF		T DELETE	5 1 71					Chang	ge Addition	
NAME		L / L	5 2 NA							
					DORESS					
STREET ADDRES	22									
City S' - Zi ²		DELETE	5 4 CI	TI 5	- 1117			Chang	e Addition	
1071 F		L] better						— 2.10.1		
NAME			6.2 NA							
STEEFT ADDRES	35				ADDRESS					
City St-ZiF	All the late water a collection		6 4 CI			r the exemption stated in Section 1:	10 07/201A F	orida C1	t doe 16 whee	

14. I do hereby cortify 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 cath; 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: Myrna Dr. Allester Prisiden

1-25-76 Date 423-982-5056