

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 # **G85016** (5)

1. Corporation Name  
**TELEPHONE SERVICES, INC., OF FLORIDA**



Principal Place of Business  
**6605 78TH. ST. SOUTH  
P.O. BOX 1484  
BRANDON FL 33509-1484**

Mailing Address  
**6605 78TH. ST. SOUTH  
P.O. BOX 1484  
BRANDON FL 33509-1484**

3. Date Incorporated or Qualified **02/16/1984** 3a. Date of Last Report **02/21/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2475150</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**ANDREASEN, ALLAN B.  
1101 GLEN PARK LN.  
VALRICO FL 33584**

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 \_\_\_\_\_ (Signature, typed or printed name of signatory and title of signatory) (Date: \_\_\_\_\_) (Date: \_\_\_\_\_)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>MURRAY, RAYMOND E.</b>	
STREET ADDRESS	<b>#5 BRAESIDE PLACE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>SUTTON, ONEAL</b>	
STREET ADDRESS	<b>3550 LOCKINVAR AVE.</b>	
CITY-ST-ZIP	<b>SANTA CLARA CA</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>ANDREASEN, ALLAN</b>	
STREET ADDRESS	<b>4022 ORANGE ST.</b>	
CITY-ST-ZIP	<b>SEFFNER FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>MELECH, PAUL</b>	
STREET ADDRESS	<b>6605 78TH ST.</b>	
CITY-ST-ZIP	<b>RIVERVIEW FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>MURRAY, RAYMOND M</b>	
STREET ADDRESS	<b>6605 78TH ST.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/96** (813)671-2218

CR2E034 (12/95)