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 #

G93761

(6)

1. Corporation Name UNITED TELEPHONE COMMUNICATIONS SYSTEMS, INCORPO RATED Mailing Address Principal Place of Business P O BOX 165000 555 LAKE BORDER DRIVE ALTAMONTE SPRINGS FL 32716-5000 APOPKA FL 32703 3. Date Incorporated or Qualified 03/29/1984 2a Maiting Address



3a. Date of Last Report

04/18/1995

Applied For

2. Principal Place of Business		26 C/O JERRY M. JOHNS		59-2409361	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc. 27 Box 165000		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3		28 Altamonte Sp	rings, FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible	e tax under s 199.032,
4	25	L-0	30 Orange	Florida Statutes Yes No	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	ed Agent
-			81 Name		
JOHNS.	JERRY M.		82 Street Add	dress (P.O. Bax Number is Not Acceptable)	
555 LAKE BORDER DR. APOPKA FL					
			83		
			84 City		Zip Code
or registere familiar with	ed agent, or both, in the state of Flor h, and accept the obligations of Sec	tion 607.0506, Florida Statutes	, the above-named corporation's bo	oration submits this statement for the purpose of band of directors. Thereby accept the appointment of the purpose of the purp	
	Styriation typed or probabilisation of register (lager	VD DIRECTORS	I 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.		TT DELETE	1 1 Tirut		Charge Addition
TITLE	DP LEV LD		1.2 NAME		
NAME	Kelley, J D 555 lake Border Dr.		1.3 STREET ADDRESS		
STREET ADDRESS			1.4 CHY -ST - ZIP		
CITY - ST - ZIP TITLE	APOPKA FL 32703	☐ DELETE	2 1 TIBLE		Change Addition
NAME	D MCRAE, R.D		2.2 NAME		
STREET ADDRESS	555 LAKE BORDER DR.		2.3 STREET ADORESS		
STREET KDDUCSS	APOPKA FL 32703		2.4 CHY ST-7IP		
017V CT 713	AL ALIAN LE ARIAN				Change Addition
CITY - ST - ZIP	ne	☐ DELETE	3 1 TIFLE		
TITLE	DS JOHNS J.M.	□ DELETE	3 1 TIFLE 3 2 NAME		
TITLE NAME	JOHNS, J M	[] DELETE			_ · _
title name street address	JOHNS, J M 555 LAKE BORDER DR.	. DECEME	3.2 NAME		
TITLE NAME	JOHNS, J M	DELETE DELETE	3.2 NAME 3.3 STREET ACCIDESS	\$00001809 -05/06/6601005	
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oath; that I am an officer or director of the corporation or the receiver or trustee enip appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: __

AME OF SIGNING OFFICER OR DIRECTOR TERRY M. JOHNS, DIRECTOR