

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 # **G93761** (6)

1. Corporation Name

UNITED TELEPHONE COMMUNICATIONS SYSTEMS, INCORPORATED



Principal Place of Business

Mailing Address

**555 LAKE BORDER DRIVE
APOPKA FL 32703
US**

**P O BOX 165000
ALTAMONTE SPRINGS FL 32716-5000
US**

3. Date Incorporated or Qualified
03/29/1984

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **c/o JERRY M. JOHNS
Box 165000**

22 City & State

27 City & State
Altamonte Springs, FL

23 Zip

Country

28 Zip
32716-5000

30 Country
Orange

4. FEF Number

59-2409361

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**JOHNS, JERRY M.
555 LAKE BORDER DR.
APOPKA FL**

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 registered agent and state, if applicable

DATE Registered Agent Signature referred to when recording

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
KELLEY, J D
555 LAKE BORDER DR.
APOPKA FL 32703**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
MCRAE, R D
555 LAKE BORDER DR.
APOPKA FL 32703**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DS
JOHNS, J M
555 LAKE BORDER DR.
APOPKA FL 32703**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

**500001809205
-05/06/96--01035--033
***200.00**

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY M. JOHNS, DIRECTOR

4-23-96

407-889-6019

SG 5-6-96

CR2E034 (12/95)