

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # H31002 (9)

1. Corporation Name
ADVANCE TELEPHONE SYSTEMS, INC.

FILED
95 JUL 21 PM 12:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business: **22 N. MARYLAND AVENUE PO BOX 1688 AVON PARK FL 33825**
Mailing Address: **22 N. MARYLAND AVENUE PO BOX 1688 AVON PARK FL 33825**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 21 [] Suite, Apt. #, etc. [] City & State [] Zip [] Country []
2a. Mailing Address: 25 [] Suite, Apt. #, etc. [] City & State [] Zip [] Country []

3. Date Incorporated or Qualified: **11/21/1984** 3a. Date of Last Report: **01/24/1994**
4. FEI Number: **59-2461061** 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:
**SINGLETARY, VIOLET K.
22 N. MARYLAND AVE.
AVON PARK FL 32825**

10. Name and Address of New Registered Agent:
B1 Name []
B2 Street Address (P.O. Box Number is Not Acceptable) []
B3 []
B4 City [] FL B5 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: _____ (NOTE: Registered Agent Signature Required when Registering) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SINGLETARY, WAYNE
STREET ADDRESS	22 N. MARYLAND AVE.
CITY - ST - ZIP	AVON PARK FL
TITLE	VST
NAME	THOMAS, MIKE
STREET ADDRESS	1738 MYRTLE AVENUE
CITY - ST - ZIP	SEBRING FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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)(b), 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: Mike Thomas, MIKE THOMAS, Vice Pres. Date: 7/18/95 941-453-3000

CR2E034 (3/95)