

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 # **J61947** (4)
1. Corporation Name
UNITED TELEPHONE LONG DISTANCE, INCORPORATED



Principal Place of Business
**C/O JERRY JOHNS
555 LAKE BORDER DRIVE
APOPKA FL 32703**

Mailing Address
**C/O JERRY JOHNS
P O BOX 165000
ALTAMONTE SPGS FL 32716
US**

3. Date Incorporated or Qualified **03/16/1987** 3a. Date of Last Report **04/13/1995**
4. FEI Number **59-2850488** 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

**JOHNS, JERRY M.
555 LAKE BORDER DRIVE
APOPKA FL 32703**

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 607.1503, 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 15-day expiration date

NOTE: Registered Agent Signature, name, and expiration date

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCRAE, R.D.	
STREET ADDRESS	555 LAKE BORDER DRIVE	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DELLATORRE, T L	
STREET ADDRESS	555 LAKE BORDER DRIVE	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNS, J.M.	
STREET ADDRESS	555 LAKE BORDER DRIVE	
CITY-ST-ZIP	APOPKA FL	
TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	WOLF, JEFF	
STREET ADDRESS	600 S NORTHLAKE BLVD	
CITY-ST-ZIP	ALTAMONTE SPGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLEY, J DARRELL	
STREET ADDRESS	555 LAKE BORDER DRIVE	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Addition
4.2 NAME	General Manager
4.3 STREET ADDRESS	Richard Twilley
4.4 CITY-ST-ZIP	718 S. North Lake Blvd., Suite 1020 Altamonte Springs, FL 32701
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)(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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD D. MCRAE,
DIRECTOR

4-23-96

407-889-6010

SC-5-6-96

CR2E034 (12/95)