## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT. Secretary of State DIVISION OF CORPORATIONS 1996 J69632 (4) DOCUMENT # Corporation Name KENNEDY S TELEPHONE SERVICE, INC. Principal Place of Business Mailing Address % RUPERT H. KENNEDY % RUPERT H. KENNEDY 12291 GOLF COURSE ROAD 12291 GOLF COURSE ROAD PARRISH FL 34219 PARRISH FL 34219 3a. Date of Last Report 3. Date Incorporated or Qualified 01/24/1995 04/24/1987 Applied For 4, FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2814924 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zio Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) KENNEDY, RUPERT H. 82 12291 GOLF COURSE ROAD 83 PARRISH FL 34219 Zip Code 84 85 City 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 Standard brighted asked to be the design of purplet of a land to be designed asked and the design of t (NCC). Registered Agest synctone required when restrictating rage hared ago at each blient applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change DELETE 1 1 TIFLE TITLE KENNEDY, RUPERT H. 1.2 NAM6 NAME 12291 GOLF COURSE ROAD 13 STREET ADDRESS STREET ADDRESS PARRISH FL 1.4 CHY - ST - ZIP CITY - ST - ZiP Change Addition DELETE 2 1 III.E TUTLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY - ST. Z.P. CITY - ST - ZIP Addition Change DELETE 3 1 TITLE TITLE 3.2 NAMÉ NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY - ST - ZIP Addition ☐ Change DELETE 4. 1 111LF TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-ST, ZIF CITY - ST - ZiP Change Addition DELETE 5 1 HILE

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 our release serily 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 or 60 or 00 an attachment with an address.

5.2 NAME

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6.2 NAME

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6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

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SIGNATURE:

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