FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 10: 57

DOCUMENT # J93798 (3)

1. Corporation Name
FLORIDA TELESYSTEMS, INC.

Principal Place of Business
% CHARLES VICK
374 NW 171 STREET
MIAMI FL 33169

Mailing Address
% CHARLES VICK
374 NW 171 STREET
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 % CHARLES L. HARMAN	26 c/o CHARLES L HARMAN
Suite, Apt. #, etc. 22 6250 92nd AVE No. SUITE 200	Suite, Apt. #, etc. 27 6250 92nd AVE. No. SUITE 200
City & State 23 Pinellas Park Fl.	City & State 28 Pinellas Park Fl.
Zip 24 34665 Country 25 U.S.A.	Zip 29 34665 Country 30 U.S.A.

3. Date Incorporated or Qualified: 09/16/1987
3a. Date of Last Report: 09/26/1994
4. FEI Number: 65-0149466 ☐ 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
VICK, CHARLES
3775 KUMQUAT AVE
MIAMI FL 33133

10. Name and Address of New Registered Agent
81 Name: CHARLES L HARMAN
82 Street Address (P.O. Box Number is Not Acceptable): 9061 ST. ANDREWS DR.
83
84 City: LARGO FL 85 Zip Code: 34647

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] Charles L. Harman 5/21/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VP ☐ Change ☒ Addition
NAME	VICK, CHARLES	1.2 NAME	CHARLES L HARMAN
STREET ADDRESS	3775 KUMQUAT AVE	1.3 STREET ADDRESS	9061 ST. ANDREWS DR.
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	LARGO, FL. 34647
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles L Harman

Date 5/21/95

541-2600
Daytime Phone #

0184877 CP

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # J95191 (9)

1. Corporation Name
KENT SERVICES, INC.

Principal Place of Business	Mailing Address
CALUMET SUITE B CLEARWATER FL 34625 US	CALUMET SUITE B CLEARWATER FL 34625 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2849178 — 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 2067 Calumet St.	2a. Mailing Address 26 2067 Calumet St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PERLMAN, JOSEPH N.
1101 BELCHER ROAD SOUTH
LARGO FL 34641

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 ______ (Registered Agent signature) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☒ Addition
NAME	BROWN, ELAINE E	1.2 NAME	
STREET ADDRESS	1159 ROHF ST APT C	1.3 STREET ADDRESS	
CITY ST ZIP	TARPON SPRINGS FL	1.4 CITY ST ZIP	34689
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: Elaine E Brown — Elaine E Brown (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 4-24-95 (Date) 813-447-8888 (Daytime Phone #)

FP