

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 # **K42547** (5)

1. Corporation Name
BT TELEPHONES, INC.



Principal Place of Business

**12730 NEW BRITTANY BLVD
SUITE 414
FORT MYERS FL 33907
US**

Mailing Address

**12730 NEW BRITTANY BLVD
SUITE 414
FORT MYERS FL 33907
US**

3. Date Incorporated or Qualified
11/01/1988

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **SAME** 26 **SAME**

4. FEI Number
65-0085601

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

22 Suite, Apt. #, etc.
23 City & State

27 Suite, Apt. #, etc.
28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLOWERS, GARY
15176 BRIARCREST CIR.
FT. MYERS FL 33912**

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 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 ☐ DELETE
NAME **D FLOWERS, GARY**
STREET ADDRESS **15176 BRIARCREST CIR**
CITY-ST-ZIP **FT. MYERS FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

1.2 NAME

NAME

1.3 STREET ADDRESS

STREET ADDRESS

1.4 CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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5.1 TITLE ☐ Change ☐ Addition

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5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 941-278-1111

CR2E034 (12/95)