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 FEB 27 PM 3:25

DOCUMENT # K49773 (0)

1. Corporation Name
FLORIDA NETWORK, U.S.A., INC.

Principal Place of Business
40 S. PALAFOX
PENSACOLA FL 32501

Mailing Address
%DAN LOZIER
ONE PENSACOLA PLAZA, SUITE 222
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 12/07/1988
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2929706 — Applied For / Not Applicable
5. Certificate of Status Desired XX — $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**

LOZIER, DANIEL R.
ONE PENSACOLA PLAZA
SUITE 222
PENSACOLA FL 32501

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 ____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	EMLING, CHARLES A III
STREET ADDRESS	211 HIBISCUS
CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	SC
NAME	RUSSENBERGER, RAY
STREET ADDRESS	40 SOUTH PALAFOX ST.
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	EV
NAME	ST. PIERRE, ROB
STREET ADDRESS	911 SHADOW RIDGE RD.
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	V
NAME	LANDRY, ERIC P
STREET ADDRESS	1801 E. HERNANDEZ ST.
CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	T
NAME	MATTHEWS, JOHNNY W
STREET ADDRESS	1387 STERLING POINT DR.
CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	D
NAME	SPENCER, BRIAN
STREET ADDRESS	200 S. TARRAGONA ST.
CITY-ST-ZIP	PENSACOLA FL 32501

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	Director	☐ Change ☒ Addition
1 2 NAME	Kevin Reilly, Sr.	
1 3 STREET ADDRESS	Post Office Box 94185	
1 4 CITY-ST-ZIP	Baton Rouge, LA 70804-9185	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE	Director	☒ Change ☐ Addition
6 2 NAME	Bruce Evans, Summit Partners	
6 3 STREET ADDRESS	One Boston Place	
6 4 CITY-ST-ZIP	Boston, MA 02108	

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(i)(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: Charles Emling Charles A. Emling, III, President 01/13/94 (904)432-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #