


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 12/07/1988		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-2929706		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 PD NAME EMLING, CHARLES A III STREET ADDRESS 211 HIBISCUS CITY-ST-ZIP GULF BREEZE FL TITLE VCD NAME RUSSENBERGER, RAY STREET ADDRESS 40 SOUTH PALAFOX ST. CITY-ST-ZIP PENSACOLA FL TITLE CD NAME SINGER, ELLIOTT H. STREET ADDRESS 2416 HILLSBORO RD CITY-ST-ZIP NASHVILLE TN TITLE VCFT NAME SCHULTZ, RANDY K STREET ADDRESS 40 S PALAFOX ST CITY-ST-ZIP PENSACOLA FL TITLE S NAME WALLER, WILLIAM STREET ADDRESS 511 UNION ST STE 2100 CITY-ST-ZIP NASHVILLE TN TITLE D NAME BRUCE-EVANS, SUMMIT PARTNER STREET ADDRESS ONE BOSTON PLACE CITY-ST-ZIP BOSTON MA			
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 type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 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			



DO NOT WRITE IN THIS SPACE

Please see attached.

14. I do hereby certify that the information supplied with this filing 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 REQUIRED *[Signature]* 9/26/97 231111-9243

CR2E034 (4/97)

CORPORATE ENTITY: **Florida Network, U.S.A., Inc.**
FEDERAL ID: **69-2929706**
ADDRESS: 6677 Richmond Highway, Alexandria, Virginia 22306
Tel.(703)660-6677 Fax:(703)660-6292

Contact Person: Laura Dawson Tax Manager (703)660-6677, Ext.5162

DIRECTORS AND OFFICERS	SOCIAL SECURITY #
William L. Collins, III President, CEO, Director(a sole director) 6677 Richmond Highway, Alexandria, VA 22306	219-58-8391
Steven D. Jacoby Chief Operating Officer 6677 Richmond Highway, Alexandria, VA 22306	175-48-3815
Vincent D. Kelly Chief Financial Officer, Secretary 6677 Richmond Highway, Alexandria, VA 22306	224-96-0744
Shirley B. White Assistant Secretary 6677 Richmond Highway, Alexandria, VA 22306	223-70-5540