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

APPROVED AND FILED
95 APR 18 PM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L72797 (8)

1. Corporation Name
AMERICAN TELEPHONE NETWORK, INC.

Principal Place of Business	Mailing Address
% RHONDA ELIZABETH RIFFE 1500 COPORATE CENTER WAY, STE 202 W PALM BEACH FL 33414	% RHONDA ELIZABETH RIFFE 1500 COPORATE CENTER WAY, STE 202 W PALM BEACH FL 33414

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/11/1990
3a. Date of Last Report: 05/19/1994

2. Principal Place of Business
21: 889 Bendix Dr.
22: Suite, Apt. #, etc.
23: City & State: Jackson, TN
24: Zip: 38301
25: Country: US.

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0194553 ☐ 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. 199.002,* Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RIFFE, RHONDA ELIZABETH
1500 CORPORATE CENTER WAY, SUITE 202
W PALM BEACH FL 33414

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☒ Change ☐ Addition
NAME	RIFFE, RHONDA E.	1.2 NAME		
STREET ADDRESS	1500 CORPORATE CENTER WAY	1.3 STREET ADDRESS	1500 Corporate center Way, #202	
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	W. Palm Beach, FL 33414	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, JOHN R.	2.2 NAME		
STREET ADDRESS	889 BENDIX DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON TN 38301	2.4 CITY-ST-ZIP		
TITLE	VSD	3.1 TITLE		☒ Change ☐ Addition
NAME	GRAVES, RICHARD C.	3.2 NAME		
STREET ADDRESS	2313 6TH AVE S.	3.3 STREET ADDRESS	889 Bendix Dr.	
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	Jackson, TN 38301	
TITLE		4.1 TITLE	Director	☐ Change ☒ Addition
NAME		4.2 NAME	Curtis Graves	
STREET ADDRESS		4.3 STREET ADDRESS	889 Bendix Dr.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jackson, TN 38301	
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: _____ 4-13-95 (407) 795-8574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP