

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P17116 (5)

1. Corporation Name

DA TEL FIBERNET, INC.

Principal Place of Business

50 INDUSTRIAL DR.
CHICKAMAUGA GA 30707
US

Mailing Address

P.O. BOX 919
CHICKAMAUGA GA 30707
US



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1506, 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 OF PERSON ACCEPTING APPOINTMENT AS REGISTERED AGENT

SIGNATURE OF PRESIDENT OR OFFICER AUTHORIZED TO SIGN

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PD	THOMPSON, ATMAR	RT. 10, 54 JOYCE DRIVE	RINGGOLD GA	☐
VD	DAVIS, HARRY	PO BOX 366, NA	CHICKAMAUGA GA	☒
SD	DAVIS, LINDA	PO BOX 366, NA	CHICKAMAUGA GA	☒
TD	ROBERTS, CLAUDE	ROUTE 1 BOX 1800	CORNELIA GA	☒
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	CHANGE	ADDITION
1				☐	☐	☐
2				☐	☐	☐
3				☐	☐	☐
4				☐	☐	☐
5				☐	☐	☐
6				☐	☐	☐
7				☐	☐	☐
8				☐	☐	☐
9				☐	☐	☐
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11				☐	☐	☐
12				☐	☐	☐
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29				☐	☐	☐
30				☐	☐	☐

Treasurer
Donald Nelson
50 Industrial Drive
Chickamauga, GA 30707

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 supplementary 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 by law to file 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

03/25/96

Expiry Date

CR2E034 (12/95)