

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P19967 (9)

1. Corporation Name

RJ TELECOMMUNICATIONS, INC.

Principal Place of Business

880 CARILLON PARKWAY
P. O. BOX 12749
ST. PETERSBURG FL 33733-2749

Mailing Address

880 CARILLON PARKWAY
P. O. BOX 12749
ST. PETERSBURG FL 33733-2749

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/07/1988

3a. Date of Last Report

04/25/1994

4. FEI Number

59-2706975

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

FILED BY PARENT CO.

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VST
NAME	KULMAN, BRENT
STREET ADDRESS	14522 TEAL CT.
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	KULMAN, BRENT
STREET ADDRESS	14522 TEAL CT.
CITY - ST - ZIP	CLEARWATER FL
TITLE	DP
NAME	DRESSLER, ROBERT
STREET ADDRESS	2611 BAYSHORE BLVD #1807
CITY - ST - ZIP	TAMPA FL
TITLE	AS
NAME	BENHAM, KAY S.
STREET ADDRESS	880 CARILLON PKWY.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	AS
5.3 STREET ADDRESS	PALSHA, GRACE M.
5.4 CITY - ST - ZIP	880 CARILLON PKWY. ST. PETERSBURG, FL.
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 a 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 or changed, or an in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRACE M. PALSHA

4/26/95

813-573-3800