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 JAN 31 AM 8:34

DOCUMENT # P31238 (9)

1. Corporation Name
TRANS GLOBAL COMMUNICATIONS OF DELAWARE, INC.

Principal Place of Business	Mailing Address
763 KIRKMAN RD. ORLANDO FL 32811	P.O. BOX 15448 DURHAM NC 27704 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/03/1990
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 56-1595620 ☐ 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

9. Name and Address of Current Registered Agent

~~BLACK, STEVEN~~
763 KIRKMAN RD.
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name: DALE K. WHITE
82 Street Address (P.O. Box Number is Not Acceptable): 763 KIRKMAN ROAD
83
84 City: ORLANDO FL 85 Zip Code: 32811

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: Dale White DALE WHITE: VICE PRESIDENT 1/26/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	COCHRAN, SUZANNE W.	1.2 NAME	
STREET ADDRESS	4251 N. ROXBORO RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	1.4 CITY-ST-ZIP	
TITLE	CPD	2.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, MICHAEL E.	2.2 NAME	
STREET ADDRESS	4251 N. ROXBORO RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, SHIRLEY ANN	3.2 NAME	
STREET ADDRESS	4251 N. ROXBORO RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☑ Change ☐ Addition
NAME	WHITE, DALE K.	4.2 NAME	
STREET ADDRESS	4251 N. ROXBORO RD.	4.3 STREET ADDRESS	763 KIRKMAN ROAD
CITY-ST-ZIP	DURHAM NC	4.4 CITY-ST-ZIP	ORLANDO, FL 32811
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)(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: Dale White DALE WHITE 1/26/95 (407) 880-1463
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0478110 FP