

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

FILED
Mar 05 1996 8:00 am
Secretary of State

DOCUMENT # **P31690** (1)

1. Corporation Name

SOUTHEAST SWITCH, INC.

Principal Place of Business

**2600 LAKE LUCIEN DR.
SUITE 113
MAITLAND FL 32751
US**

Mailing Address

**2600 LAKE LUCIEN DR.
SUITE 113
MAITLAND FL 32751
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

10/30/1990

3a. Date of Last Report

06/14/1995

4. FEI Number

59-3024662

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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 607.1508, 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 term of appointment.

(NOTE: Registered Agent signature required when re-statuting.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P BENNION, THOMAS O.**
STREET ADDRESS **2600 LAKE LUCIEN DR STE 113**
CITY-STATE-ZIP **MAITLAND FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **T RECOB, STANLEY E**
STREET ADDRESS **2600 LAKE LUCIEN DR STE 113**
CITY-STATE-ZIP **MAITLAND FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **D SALE, ALVIN F**
STREET ADDRESS **ONE FIRST UNION CENTER**
CITY-STATE-ZIP **CHARLOTTE NC**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **C PALMER, JONATHAN J**
STREET ADDRESS **50 N LAURA ST 41ST FLOOR**
CITY-STATE-ZIP **JACKSONVILLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **EVP HESTER, TRUMAN L**
STREET ADDRESS **2600 LAKE LUCIEN DR STE 113**
CITY-STATE-ZIP **MAITLAND FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☒ DELETE
NAME **EVP SPIES, GEORGE J**
STREET ADDRESS **2600 LAKE LUCIEN DR STE 109**
CITY-STATE-ZIP **MAITLAND FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **SVP**
6.3 STREET ADDRESS **CHARLES K. LEFEVRE**
6.4 CITY-STATE-ZIP **2600 LAKE LUCIEN DR STE 113
MAITLAND, FL 32751**

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 registered agent 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY E. RECOB, TREASURER AND DIRECTOR OF FINANCE

2/26/96

Date

(407) 875-2500

Daytime Phone #

CR2E034 (12/95)