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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 JUN 13 AM 10: 24

DOCUMENT # P92000014198 (5)

1. Corporation Name
TERMNET OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4014 GUNN HIGHWAY SUITE 250 TAMPA FL 33624	2000 POWERS FERRY RD. SUITE 134 ATLANTA GA 30339 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 2030 Powers Ferry Rd.
Suite, Apt. #, etc.
22: Suite 134
City & State
23: Atlanta GA
Zip
24: 30339
Country
25: US

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

4. FEI Number: 59-3155349 ☐ 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

BATSEL, C. G
1861 PLACIDA RD.
ENGLEWOOD FL 34223

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, CHARLES JR	12 NAME	
STREET ADDRESS	2030 POWERS FERRY RD., #134	13 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA 30339	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, CHARLES SR	22 NAME	
STREET ADDRESS	807 RIO VISTA DR.	23 STREET ADDRESS	
CITY ST ZIP	PENSACOLA BEACH FL 32561	24 CITY ST ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	MCMAHON, THOMAS	32 NAME	
STREET ADDRESS	4014 GUNN HWY., SUITE 250	33 STREET ADDRESS	2030 Powers Ferry Rd, Suite 134
CITY ST ZIP	TAMPA FL 33624	34 CITY ST ZIP	Atlanta, GA. 30339
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	WHALEY, THOMAS G	42 NAME	
STREET ADDRESS	4014 GUNN HWY., SUITE 250	43 STREET ADDRESS	2030 Powers Ferry Rd, Suite 134
CITY ST ZIP	TAMPA FL 33624	44 CITY ST ZIP	Atlanta, GA. 30339
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	RASTELLO, ROBERT C	52 NAME	
STREET ADDRESS	4014 GUNN HWY., SUITE 250	53 STREET ADDRESS	2030 Powers Ferry Rd, Suite 134
CITY ST ZIP	TAMPA FL 33624	54 CITY ST ZIP	Atlanta, GA 30339
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Craig Rastello CRAIG RASTELLO 6/21/95 (404) 612-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000200 FP