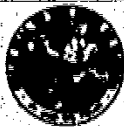


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 10:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000047980 (6)

1. Corporation Name

ALL DONE ROAMING, INC.

Principal Place of Business

**2355 CEDAR SHORES CIR
JACKSONVILLE FL 32210**

Mailing Address

**2355 CEDAR SHORES CIRCLE
JACKSONVILLE FL 32210
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1983

3a. Date of Last Report

04/25/1994

4. FEI Number

59-3191870

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. 189.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**FONTENOT, DOROTHY O
2355 CEDAR SHORES CIR
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Dorothy O. Fontenot (no change)

20 Apr 95

Signature, typed or printed name of registered agent and also if applicable.

(NOTE: Registered Agent signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **FONTENOT, ANDREW**
STREET ADDRESS **2355 CEDAR SHORES CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP**
NAME **FONTENOT, DOROTHY O.**
STREET ADDRESS **2355 CEDAR SHORES CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **ST**
NAME **FONTENOT, DOROTHY O.**
STREET ADDRESS **2355 CEDAR SHORES CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 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:

Dorothy O. Fontenot
DOROTHY O. FONTENOT, VP Secy/Treas.

20 Apr 95 (904) 783-3434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone #