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

APPROVED AND FILED
95 APR 19 PM 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000049595 (0)**

1. Corporation Name
TELCOM SERVICES OF AMERICA, INC.

Principal Place of Business	Mailing Address
2101 S WAVERLY PL MELBOURNE FL 32901 US	2101 S WAVERLY PL MELBOURNE FL 32901 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/15/1993**
3a. Date of Last Report: **02/18/1994**

2. Principal Place of Business	2a. Mailing Address
21 1636 SHADOWOOD LN	26 1636 SHADOWOOD LN
Suite, Apt. #, etc. 22 SUITE 106	Suite, Apt. #, etc. 27 SUITE 106
City & State 23 JACKSONVILLE FL	City & State 28 JACKSONVILLE FL
Zip / Country 24 32207 / 25 DUVAL	Zip / Country 29 32207 / 30 DUVAL

4. FEI Number: **59-3196560** ☐ 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

GRINDSTAFF, DAVID F
2101 S WAVERLY PL
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name: GRINDSTAFF LISA N
82 Street Address (P.O. Box Number is Not Acceptable): 12510 CANE CREEK CT
83
84 City: JACKSONVILLE **FL** 85 Zip Code: 32225

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: Lisa N. Grindstaff — 4/12/95
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	D	1.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	GRINSTAFF, DAVID F	1.2 NAME	GRINDSTAFF, DAVID F	
STREET ADDRESS	1805 HAYS STREET NORTHWEST	1.3 STREET ADDRESS	12510 CANE CREEK CT.	
CITY-ST-ZIP	PALM BAY FL 32907	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	D	2.1 TITLE	P.	☒ Change ☐ Addition
NAME	GRINSTAFF, LISA N	2.2 NAME	GRINDSTAFF, LISA N	
STREET ADDRESS	1805 HAYS STREET NORTHWEST	2.3 STREET ADDRESS	12510 CANE CREEK CT	
CITY-ST-ZIP	PALM BAY FL 32907	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
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: Lisa N. Grindstaff — Lisa N. Grindstaff — 4/12/95 — (904) 379-5860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000077 CP