

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 JUN 20 AM 11:00

DOCUMENT # P93000054397 (3)

1. Corporation Name

SOUTHERN TELECOM COMMUNICATIONS, INC.

Principal Place of Business

4813 CENTERBROOK CT.
TAMPA FL 33624

Mailing Address

P.O. BOX 274122
TAMPA FL 33688

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/02/1993

3a. Date of Last Report
07/20/1994

4. FEI Number
59-3200916

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 enterprise tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. 200 N. EDISON AVE

2a. Mailing Address

26. Suite, Apt. #, etc.

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

TAMPA, FL 33606

28. City & State

29. Zip

24. 33606

25. Country

30. Country

9. Name and Address of Current Registered Agent

COLVIN, HERBERT
4813 CENTERBROOK CT.
TAMPA FL 33624

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
COLVIN, CAROLE M
4813 CENTERBROOK CT
TAMPA FL 33624

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

3.1 TITLE
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3.4 CITY - ST - ZIP

☐ Change ☐ Addition

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4.1 TITLE
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☐ Change ☐ Addition

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5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

Carole M. Colvin CAROLE M. COLVIN

6-14-95 (P/3) 253-0932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Anytime Before 8