SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 31 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000078171 (4)**

1. Corporation Name
ITEL, INC.

Principal Place of Business	Mailing Address
9000 CYPRESS GREEN DR JACKSONVILLE FL 32256	9000 CYPRESS GREEN DR JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/12/1993
3a. Date of Last Report: 06/23/1994

2. Principal Place of Business
21: 8933 Western Way
Suite, Apt. #, etc.
22: Suite 20
City & State
23: Jacksonville, FL
Zip 24: 32256 Country 25: USA

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

4. FEI Number: 59-3207296 ☐ 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

ROBINSON, TIMOTHY M
9000 CYPRESS GREEN DR
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: Mark Mullins
82 Street Address (P.O. Box Number is Not Acceptable): 8933 Western Way
83: Suite 20
84 City: Jacksonville FL 85 Zip Code: 32256

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: Mark Mullins 7-10-95
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	11 TITLE	☒ Change ☐ Addition
NAME	DAVIS, PAUL W	12 NAME	Delete - no longer a director
STREET ADDRESS	9000 CYPRESS GREEN DR	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	DAVIS, BRENDA H	22 NAME	Delete - no longer a director
STREET ADDRESS	9000 CYPRESS GREEN DR	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	President and Director ☒ Change ☐ Addition
NAME	MULLINS, MARK	32 NAME	Mark Mullins
STREET ADDRESS	9000 CYPRESS GREEN DR	33 STREET ADDRESS	8933 Western Way Suite 20
CITY-ST-ZIP	JACKSONVILLE FL 32256	34 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	THOMPSON, FREDERICK D	42 NAME	Delete - no longer a director
STREET ADDRESS	9000 CYPRESS GREEN DR	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	44 CITY-ST-ZIP	
TITLE		51 TITLE	Vice President and General Manager ☒ Change ☐ Addition
NAME		52 NAME	Donald A. Eisenstein
STREET ADDRESS		53 STREET ADDRESS	8933 Western Way Suite 20
CITY-ST-ZIP		54 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: Mark Mullins (Mark Mullins) 7-10-95 904-363-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004210 CP