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 MAY -1 PM 1:23

DOCUMENT # P93000081154 (5)

1. Corporation Name
C. & TELECOMMUTE, INC.

Principal Place of Business	Mailing Address
24 S MAIN ST GAINESVILLE FL 32666	24 S MAIN ST GAINESVILLE FL 32666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/18/1993	04/13/1994

2. Principal Place of Business	2a. Mailing Address
21 4704 Canal Dr.	26 4704/Canal/Dr/PO BOX 7885
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Lake Worth, Florida	28 City & State: DELRAY BEACH, FL 33484 Lake/Worth/Florida
24 Zip: 33463 25 Country: USA	29 Zip: 33484-2885 30 Country: USA

4. FEI Number: 59-3220862 ☐ 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	10. Name and Address of New Registered Agent
MIDDLETON, JOHN D RT 3 BOX 3050 MELROSE FL 32666	91 Name: Raymond M. Ivey, Esquire 92 Street Address (P.O. Box Number Is Not Acceptable): 2632 NW 43RD ST., STE A102 93 94 City: Gainesville FL 95 Zip Code: 32606

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: Raymond M. Ivey — May 31, 1995
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	P	11 TITLE	President	☒ Change ☐ Addition
NAME	LEWIS, HOWARD	12 NAME	Michael Helish	
STREET ADDRESS	6045 SW 55TH CT	13 STREET ADDRESS	4704 Canal Dr.	
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	Lake Worth, FL 33463	
TITLE	ST	21 TITLE	Secretary/Treasurer	☒ Change ☐ Addition
NAME	HELISH, MIKE	22 NAME	Ligia Helish	
STREET ADDRESS	6906 SW 42ND PL	23 STREET ADDRESS	4704 Canal Dr.	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	Lake Worth, FL 33463	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☒ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS	PERMITTED BY MAY 1	
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)(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 added attached with an address.

SIGNATURE: Michael Helish — 5/23/95 — (407) 499-9750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034249 CP