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 MAY -1 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000087393 (3)**

1. Corporation Name

ALTERNATIVE LONG DISTANCE, INC.

Principal Place of Business	Mailing Address
568 9TH ST SOUTH SUITE 108 NAPLES FL 33940	568 9TH ST SOUTH SUITE 108 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 25144 PELICAN CREEK CIRCLE	26 8951 BONITA BEACH RD.
Suite, Apt. #, etc. 22 #202	Suite, Apt. #, etc. 27 525-310
City & State 23 BONITA SPRINGS, FL	City & State 28 BONITA SPRINGS, FL
Zip / Country 24 33923 / 25 USA	Zip / Country 29 33923 / 30 USA

4. FEI Number: 65-0469074 ☐ 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
CLAYTON, LARRY 1191 8TH STREET SOUTH UNIT 28 NAPLES FL 33940	81 Name: LARRY CLAYTON 82 Street Address (P.O. Box Number is Not Acceptable): 25144 PELICAN CREEK CIRCLE 83: #202 84 City: BONITA SPRINGS FL 85 Zip Code: 33923

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] -PRES LARRY CLAYTON (NOTE: Registered Agent signature required when applicable) DATE: 4.20.95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☑ Change ☐ Addition
NAME	CLAYTON, LARRY	12 NAME	LAWRANCE J. CLAYTON
STREET ADDRESS	1191 I ST SOUTH / STE - 28	13 STREET ADDRESS	25144 PELICAN CREEK CIRCLE #202
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	BONITA SPRINGS, FL 33923
TITLE		21 TITLE	ST ☐ Change ☑ Addition
NAME		22 NAME	LAWRANCE J. CLAYTON
STREET ADDRESS		23 STREET ADDRESS	25144 PELICAN CREEK CIRCLE #202
CITY-ST-ZIP		24 CITY-ST-ZIP	BONITA SPRINGS, FL 33923
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	
CITY-ST-ZIP		64 CITY-ST-ZIP	

6/12

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 with an address.

SIGNATURE: [signature] -PRES 4.20.95 813-434-8120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0326048 CP