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 JUN 26 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/28/95--01025--009
****225.00 ****225.00

DOCUMENT # P94000004318 (9)

1. Corporation Name
TEL CALL COMMUNICATION INC.

Principal Place of Business	Mailing Address
7220 WEST COLONIAL DR. ORLANDO FL 32818	7226 WEST COLONIAL DR. ORLANDO FL 32818

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/19/1994
3a. Date of Last Report:

2. Principal Place of Business	21	7226 West Colonial Dr	
Suite, Apt. #, etc.	22	SUITE 323	
City & State	23	ORLANDO FL	
Zip / Country	24 / 25	32818 / ORANGE	
2a. Mailing Address	26	7226 WEST COLONIAL DR	
Suite, Apt. #, etc.	27	SUITE 323	
City & State	28	ORLANDO FL	
Zip / Country	29 / 30	32818 / ORANGE	

4. FEI Number: 59-3225121 ☐ 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

JOHNSON, VIVIENNE R E
4130 EQUESTRIAN LANE
WINDERMERE FL 34786

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 Vivienne Johnson 4/30/95
Signature and/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	President	11 TITLE	☐ Change ☐ Addition
NAME	VIVIENNE E JOHNSON	12 NAME	
STREET ADDRESS	4120 EQUESTRIAN LANE	13 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	14 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	21 TITLE	☐ Change ☐ Addition
NAME	ARCHIBALD E JOHNSON	22 NAME	
STREET ADDRESS	4130 EQUESTRIAN LANE	23 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	24 CITY-ST-ZIP	
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	4/26/95
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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 on an attachment with an address.

SIGNATURE: Vivienne Johnson 4/30/95 407 877 0640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000040 CF