

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000004318 (9)

1. Corporation Name

TEL CALL COMMUNICATION INC.



Principal Place of Business

7226 WEST COLONIAL DR.
ORLANDO FL 32818

Mailing Address

7226 WEST COLONIAL DR.
ORLANDO FL 32818

3. Date Incorporated or Qualified 01/19/1994	3a. Date of Last Report 06/26/1995
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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

JOHNSON, VIVIANNE 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. City
84. City
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

Archibald E. Johnson

ARCHIBALD E JOHNSON

APRIL 21 1996

Signature typed or printed name of registered agent, if different from above

Signature typed or printed name of registered agent, if different from above

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, VIVIANNE E	12. NAME	
STREET ADDRESS	4130 EQUESTRIAN LANE	13. STREET ADDRESS	
CITY-STATE-ZIP	WINDERMERE FL 34786	14. CITY-STATE-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, ARCHIBALD E	22. NAME	
STREET ADDRESS	4130 EQUESTRIAN LANE	23. STREET ADDRESS	
CITY-STATE-ZIP	WINDERMERE FL 34786	24. CITY-STATE-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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 118 C(7)(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:

Archibald E. Johnson

ARCHIBALD E JOHNSON

APRIL 21 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)

APR 26 1996