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FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000011710 (8)

1. Corporation Name  
TELEGROWTH, INC.

Principal Place of Business

5020 GUNN HIGHWAY  
SUITE 210  
TAMPA FL 33624  
US

Mailing Address

5020 GUNN HIGHWAY  
SUITE 210  
TAMPA FL 33624-6370  
US

3. Date Incorporated or Qualified

02/11/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 4730 WINDFLOWER CIRCLE

Suite, Apt. #, etc.

22

City & State

23 TAMPA, FL

Zip

24 33624

Country

25 USA

2a. Mailing Address

26 PO BOX 340264

Suite, Apt. #, etc.

27

City & State

28 TAMPA FL

Zip

29 33694

Country

30 USA

4. FEI Number

59-3226017

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

WILKINSON, BRUCE W., ESQ.  
5020 GUNN HIGHWAY  
SUITE 210  
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

Norman Farrow

82 Street Address (P.O. Box Number is Not Acceptable)

4730 WINDFLOWER CIRCLE

83

84 City

Tampa

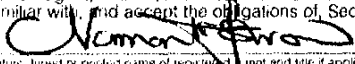
FL

85 Zip Code

33624

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

  
Signatures typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5.1.97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENTON, ROBERT F	
STREET ADDRESS	5020 GUNN HWY SUITE 210	
CITY-ST-ZIP	TAMPA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	WILKINSON, BRUCE W	
STREET ADDRESS	GUNN HWY SUITE 210	
CITY-ST-ZIP	TAMPA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FARROW, NORMAN H	
STREET ADDRESS	5020 GUNN HWY SUITE 210	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0365539

CR2E034 (9/96)