

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000019112 (9)

1. Corporation Name

ONETEL CORPORATION

Principal Place of Business

13902 N. DALE MABRY
227
TAMPA FL 33618

Mailing Address

13902 N. DALE MABRY
227
TAMPA FL 33618



2. Principal Place of Business

21 777 S. HARBOUR ISLAND BLVD

2a. Mailing Address

26 777 S. HARBOUR ISLAND BLVD

Suite, Apt. #, etc.

22 100

Suite, Apt. #, etc.

27 100

City & State

23 TAMPA FL

City & State

28 TAMPA, FL

Zip

24 33602

Country

25 USA

Zip

29 33602

Country

30 USA

9. Name and Address of Current Registered Agent

CORDELL, IAN
132902 N. DALE MABRY
227
TAMPA FL 33618

3. Date Incorporated or Qualified

03/10/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3229575

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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 *IAN CORDELL*
Signature, typed or printed name of registered agent and title if applicable

IAN CORDELL

4/19/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CORDELL, IAN
STREET ADDRESS 13902 N. DALE MABRY, STE. 227
CITY-ST-ZIP TAMPA FL 33618

TITLE V ☐ DELETE

NAME KENT, CHRIS
STREET ADDRESS 13902 N. DALE MABRY, STE. 227
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME IAN CORDELL
1.3 STREET ADDRESS 777 S. HARBOUR ISLAND BLVD 100
1.4 CITY-ST-ZIP TAMPA FL 33602

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME Chris Kent
2.3 STREET ADDRESS 777 S. Harbour Island Blvd, suite 100
2.4 CITY-ST-ZIP TAMPA FL 33602

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

IAN CORDELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IAN CORDELL

4/19/96

272-1778

Date

Daytime Phone

CR2E034 (12/95)