FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000026284 (7)**

1. Corporation Name

ADS COMMUNICATIONS CORPORATION OF JACKSONVILLE

Principal Place of Business	Mailing Address
5209 TIMUQUANA RD 14-15 JACKSONVILLE FL 32244 US	5209 TIMUQUAONA RD 14-15 JACKSONVILLE FL 32244 US

2. Principal Place of Business	2a. Mailing Address
21 5209 Timuquana Rd.	26 5209 Timuquana Rd.
Suite, Apt. #, etc. 22 # 11	Suite, Apt. #, etc. 27 # 11
City & State 23 Jax., FL.	City & State 28 Jax., FL.
Zip 24 32244 Country 25 USA	Zip 29 32244 Country 30 USA.

3. Date Incorporated or Qualified 04/06/1994	3a. Date of Last Report 08/17/1995
4. FEI Number 59-3241274	☐ 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

HOSKINS, KEVIN E
7431 AMANDA'S CROSSING DRIVE, NORTH
JACKSONVILLE FL 32244

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, sections 607.0505, Florida Statutes.

SIGNATURE Kevin E. Hoskins 6/24/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	☐ DELETE	1.1 TITLE	President, D.	☑ Change ☐ Addition
NAME	HOSKINS, MARIA A		1.2 NAME		
STREET ADDRESS	7431 AMANDA'S CROSSING DRIVE, NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	Vice Pres., D.	☑ Change ☐ Addition
NAME	HOSKINS, KEVIN E		2.2 NAME		
STREET ADDRESS	7431 AMANDA'S CROSSING DRIVE, NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Maria A. Hoskins Maria A. Hoskins 5/20/96 904-573-0288

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