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 MAY -1 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000055364 (1)

1. Corporation Name

~~FAXAMERICA, INC.~~ Name Changed
Digital Fax Networks, Inc.

Principal Place of Business: ~~7590 CENTURION PARKWAY NORTH JACKSONVILLE FL 32256-0517~~

Mailing Address: ~~7590 CENTURION PARKWAY NORTH JACKSONVILLE FL 32256-0517~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1994
3a. Date of Last Report:
4. FEI Number: ✓ 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
21 9485 Regency Square Blvd
Suite, Apt. #, etc.
22 Suite 520
City & State
23 Jacksonville, FL
Zip
24 32225
County
25 ~~Duval~~ 45

2a. Mailing Address
26 9485 Regency Square Blvd
Suite, Apt. #, etc.
27 Suite 520
City & State
28 Jacksonville, FL
Zip
29 32225
County
30 Duval 45

9. Name and Address of Current Registered Agent

ALLEN BRINTON & SIMMONS P.A.
ONE INDEPENDENT DRIVE
SUITE 3200
JACKSONVILLE FL 32202

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE: D P ☐ Change ☒ Addition
1 NAME: William D. Meadow
1 STREET ADDRESS: 7950 James Island Trail
1 CITY-ST-ZIP: Jacksonville, FL 32257

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-05/10/95--01013--001
****600.00 ****200.00

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: William D. Meadow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William D. Meadow Director

0021410 CP