

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUN 19 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000090144 (4)**

1. Corporation Name

CENTRAL POINT TELECOM, INC.

Principal Place of Business

**312 E. CANAL STREET
MULBERRY FL 33860**

Mailing Address

**312 E. CANAL STREET
MULBERRY FL 33860**

400001518124
-06/20/95--01108--013
*****225.00 *****225.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/05/1994

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59 3280 743

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

10. Name and Address of New Registered Agent

**MORRISON, JOSEPH A
5410 S. FLORIDA AVENUE
SUITE 3
LAKELAND FL 33813**

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

(Signature: typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **TAPP, GREGORY**
STREET ADDRESS **6115 TOPHER TRAIL**
CITY, ST, ZIP **MULBERRY FL 33860**

TITLE **D**
NAME **DANNER, ALAN**
STREET ADDRESS **7501 ULMERTON ROAD**
CITY, ST, ZIP **LARGO FL 34641**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE Change Addition
22 NAME **1571 KINSMAN WAY**
23 STREET ADDRESS **LAKELAND, FL 33408**
24 CITY, ST, ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated in 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 manager 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 of this form, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 **83425-0410**