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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
12/05/1994

3a. Date of Last Report
06/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **2810 S. FLORIDA AVE**

26 **2810 S. FLORIDA AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **LAKELAND, FLORIDA**

28 **LAKELAND, FLORIDA**

24 Zip

25 Country

29 Zip

30 Country

33803

POLK

33803

POLK

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 re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D DANNER, ALAN**
STREET ADDRESS **1571 KINSMAN WAY**
CITY-ST-ZIP **LAKELAND FL 33809**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-296 (941) 682-3711

CR2E034 (12/95)