

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 # P95000021657 (8)

1. Corporation Name

GLOBAL ACCESS PROVIDERS, INC.



Principal Place of Business

Mailing Address

% NEIL A. COLLINS
P.O. BOX 2146
STUART FL 34995

% NEIL A. COLLINS
P.O. BOX 2146
STUART FL 34995

3. Date Incorporated or Qualified

03/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3315539

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

COLLINS, SEAN E
1306 N.W. 7TH ROAD
GAINESVILLE FL 32604

81 Name

NEIL A. COLLINS

82 Street Address (P.O. Box Number is Not Acceptable)

340 S.E. ST. LUCIE BLVD

83

84 City

STUART

FL

85 Zip Code

34996

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:

Neil A. Collins
Signature, typed or printed name of registered agent and title if applicable

NEIL A. COLLINS

(NOTE: Registered Agent's signature required when resigning)

4-10-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME COLLINS, SEAN E
STREET ADDRESS 1306 N.W. 7TH ROAD
CITY-ST-ZIP GAINESVILLE FL 32604

TITLE D ☐ DELETE
NAME COLLINS, NEIL A
STREET ADDRESS P.O. BOX 2146
CITY-ST-ZIP STUART FL 34995

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition
*No Longer Agent
or Director or Stockholder*

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition
*V. Pres - Sec - Treas.
NEIL A. COLLINS
340 S.E. ST. LUCIE BLVD
STUART, FL 34996*

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition
*900001812479
-05/08/96--01008--016
***200.00*

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition
*32
5.1*

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:

Neil A. Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEIL A. COLLINS

4-10-96

Date

407-283-7309

Daytime Phone #

CR#E034 (12/95)