

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000035211 (8)

1. Corporation Name

TELEPHONE NETWORK OF AMERICA, INC.



Principal Place of Business

Mailing Address

2502 ROCKY POINT DR.  
SUITE 865  
TAMPA FL 33607

2502 ROCKY POINT DR.  
SUITE 865  
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1995

4. FEI Number

59-3312848

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 14914 WINDING CREEK COURT

2a. Mailing Address

26 14914 WINDING CREEK COURT

Suite, Apt. #, etc.

22 SUITE 101

Suite, Apt. #, etc.

27 SUITE 101

City & State

23 TAMPA, FLORIDA

City & State

28 TAMPA, FLORIDA

Zip

24 33613

Country

25 USA

Zip

29 33613

Country

30 USA

9. Name and Address of Current Registered Agent

JANJUA, JAVED R  
2502 ROCKY POINT DR.  
SUITE 865  
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name JANJUA, JAVED

82 Street Address (P.O. Box Number is Not Acceptable)  
14914 WINDING CREEK COURT

83 SUITE 101

84 City TAMPA

FL 85 Zip Code 33613

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME JANJUA, JAVED R  
STREET ADDRESS 2502 ROCKY PT DR. STE 865  
CITY-ST-ZIP TAMPA FL 33607

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME JANJUA, JAVED R  
1.3 STREET ADDRESS 14914 WINDING CREEK COURT, SUITE 101  
1.4 CITY-ST-ZIP TAMPA, FLORIDA 33613

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 hereby certify that the information supplied with this filing 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 supplementary 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 registered agent, or both, authorized 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 any and all subsequent filings.

CR2E034 (10/97)