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 # P95000070629

1. Corporation Name

American Telecom Corporation

Principal Place of Business	Mailing Address
400 N. State Street Bunnell, Fla. 32110	P.O. Box 354325 Palm Coast, Fla. 32135

3. Date Incorporated or Qualified: 9/13/95
3a. Date of Last Report:

2. Principal Place of Business
21: 400 N. State St
22: Suite, Apt. #, etc:
23: City & State: Bunnell, FLa.
24: Zip: 32110
25: Country: Flagler

2a. Mailing Address
26: P.O. Box 354325
27: Suite, Apt. #, etc:
28: City & State: Palm Coast, FLa.
29: Zip: 32135
30: Country: Flagler

4. FEI Number: 59-3340092 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: XX **$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

William T. Parks
11 Fulton Place
Palm Coast, FLa. 32137

10. Name and Address of New Registered Agent

81 Name: Sam Trivett
82 Street Address (P.O. Box Number is Not Acceptable)
83: 400 N. State Street
84 City: Bunnell **FL** 85 Zip Code: 32110

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: Sammie O'Trivett — Sam Trivett, Pres — 4/26/96
(Must be Registered Agent's signature, required for initial filing) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	xk Change ☐ Addition
		President Sam Trivett 400 N. STate St. Bunnell, FLa.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change xk Addition
		P. Jackson Trivett, V.P. same as above	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change xk Addition
		Stephen Trivett, Director 212 Pine Cove Trail Ormond Beach, FLa. 32174	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
		300001823873 -05/16/96--01013--009 ***213.75	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

5-1-96 JP

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: Sammie O'Trivett — Sam Trivett, Pres — 4/26/96 — 904 437 5233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)