FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

FILED Apr 20 1996 8:00 am **Secretary of State**

1996

P95000092669 (7) DOCUMENT #
1. Corporation Name

TELEPHONE COMPANY OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address		i rearredt sin seent belitt Obert Obert Oblis Obis	ransa nidigi Raisa disidi sahi tagi	
C/O FOLEY & LARDNER 111 N. ORANGE AVENUE ORLANDO FL 32802	POST OFFICE BOX 219 ORLANDO FL 32802-219			
			12/06/1995	ate of Last Report
2. Principal Place of Business 21 355/ W. LAKE MARU L	Quita 2a. Mailing Address	na P	4. FEI Number	Applied For
21 355/ W. LAKE MARY L Suite, Apt. #, etc.	84.V0.26 3557 W, LA Suite, Apt. #. etc.	AKE MARY DE	va. 59-3353696	Not Applicable
22 210	27 3/b)	5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State		6. Election Campaign Financing	Fee Required
23 LAKE MARY, FL.	28 LAKE MA	AR4 FL.	Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Ζφ	Country	8. This corporation has liability fir intangible	
24 32746 25 USA	29 32746	30 USA	Florida Statutes 🔲 Yes 🔽 No	
9. Name and Address of Cu	irrent Registered Agent		10. Name and Address of New Registere	d Agent
F & L CORP.		81 Name		
THE GREENLEAF BLDG., THIRD FLOOR		82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)	
200 LAURA STREET	-UR	83		
JACKSONVILLE FL 32201-0240				
•		84 Orty	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0	0502 and 607,1508. Florida Statute	s, the above named cornor		-
 or registered agent, or both, in the State of I familiar with, and accept the obligations of, S 	Florida, Such change was authorize Section 607 0505, Florida Statutes	d by the corporation's boar	ation submits this statement for the purpose of a rd of directors. I hereby accept the appointment	as registered agent. I am
SIGNATURE				
Signature, typed or printed hallic of regulers ((Cod) Which happing a control of the	E. Bug steren Agent signature receive.	d when recurrency along) LIATE	
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
THE PRESIDENT	DELETE	1 1 TIFLE		☐ Change ☐ Addition
NAME ELDER N. RIPPE	R III.	1.2 NAME		
STREET ADDRESS 3337 W, LAKE 1	R III. MARY BLVO, STEAN FL. 32746	13 STREET ADDRESS		
TITLE LAKE MARY	72. 33/48 □ DELETE	1.4 C-TY - ST - Z-P		
NAME	L Deceit	2 1 7 11 1		Change C Addition
STREET ADDRESS		2.2 NAME		
CITY-ST-ZIP		2.3 STREET ADDRESS		
TILE	T) DELETE	2 4 CITY - ST - ZIP 3 1 TITLE •		Change Addition
NAME		3.2 NAME		Change L Addition
STREET ADDRESS		3.3 STREET ADDRESS		
CHY-ST-ZIP		34 CITY - ST - Z:P	500001 7ยยว	95
TITLE	DELETE	4 1 1'TLF	<u>5000017883</u> -04/22/96010270	Change Addition
NAME		4.2 NAME	***400.00	
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CiTY+ST-ZIP		
TITLE	☐ DELETE	5 1 TiftE		☐ Change ☐ Addition
NAME CERECA ADDRESS		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-SI-ZIP TITLE	T DELETE	5.4 C/TY - ST - Z/P		
NAME	Попп	6 1 TITLE		Change Addition
STREET ADDRESS		6.2 NAME)%,96
CITY-ST-ZIP		6 3 STHEET ADDRESS		٠ ५٠٠
14. I do hereby certify that the information and oli	ed with this filing is voluntarily furnis	■ 64 CITY-ST-ZIP hed and does not qualify fo	or the exemption stated in Section 119 07/2/// F	Jorida Statutes I further
	erroration or the receiver or truetoo	arreport is true and accurat	or the exemption states in Section 119 07(3)(6). Fe and that my signature shall have the same legi- report as required by Chapter 607, Florida Stati	
SIGNATURE: SIGNATURE AND TYPES	D ON PRINTED NAME OF SIGNAG OFFICER	OR DIRECTOR	4/4/96 (407)	328-5002