

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Division of State
DIVISION OF CORPORATIONS

FILED

96 DEC -6 PM 2:25

DOCUMENT # S32261

(7)

1. Corporation Name

COLT COMMUNICATIONS OF AMERICA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

105 SW 1ST AVE
S-105
WILUSTON FL 32696
US

Mailing Address

2002 NE JACKSONVILLE RD.
S-105
OCALA FL 34470

REINSTATEMENT

3. Date Incorporated or Qualified
02/18/1991

3a. Date of Last Report
05/31/1995

2. Principal Place of Business

21

2a. Mailing Address

26

105 S.W. 1st Ave.

4. FEI Number

59-2992722

Applied For
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

Williston, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

32696

Country

30

US

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HUTTO, CHARLES S.
ROUTE 3, BOX 372-F
CHIEFLND FL 32626

10. Name and Address of New Registered Agent

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 for 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

Charles S. Hutto

(NOTE: Registered Agent signature required when reinstating)

DATE

12/2/96

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

HUTTO, CHARLES S.
RT 3, BOX 372-F N/A
CHIEFLND FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

ANDERSON, SUSAN
PO BOX 520 N/A
ORANGE SPRINGS FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

HUTTO, ROSEMARIE
RT 3, BOX 372-F N/A
CHIEFLND FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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-12/06/96-01096-002
***375.00

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)(4), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles S. Hutto

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/96

352/528-3302

CR2E034 (12/95)