

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:37

DOCUMENT # S32261

(7)

1. Corporation Name

COLT COMMUNICATIONS OF AMERICA, INC.

Principal Place of Business

2502 NE JACKSONVILLE RD.
S-105
OCALA FL 34470

Mailing Address

2502 NE JACKSONVILLE RD.
S-105
OCALA FL 34470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1991

3a. Date of Last Report

08/10/1994

4. FEI Number

59-2992722

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 105 SW 1st AV.
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME
Suite, Apt. #, etc.

22 City & State

23 Williston, FL
City Country

27 City & State

28 Zip

25 Levy
Country

29 Zip

30 Country

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, 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: Type or printed name of registered agent and fee if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D

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

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D

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

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D

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

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

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

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 110.07(3)(b), 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 any attachment with an address.

SIGNATURE:

Charles S. Hutto
CHARLES S. HUTTO

5/26/95

528-7722