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

APPROVED AND FILED

95 MAY -1 PM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V68316** **(1)**

1. Corporation Name
N.T.E.L., INC.

Principal Place of Business	Mailing Address
4204 INTERLAKE DRIVE TAMPA FL 33624-2349	4204 INTERLAKE DRIVE TAMPA FL 33624-2349

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/28/1992
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

4. FEI Number: 59-3142721 ☐ 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):

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): Country (25): Zip (29): Country (30):

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

9. Name and Address of Current Registered Agent

HOPKINS, JOHN W.
4204 INTERLAKE DRIVE
TAMPA FL 33624-2349

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☐ Addition
NAME	WHITAKER, THOMAS P.	12 NAME		
STREET ADDRESS	4204 INTERLAKE DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	HOPKINS, JOHN W.	22 NAME		
STREET ADDRESS	4204 INTERLAKE DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, WILLIAM O.	32 NAME		
STREET ADDRESS	4204 INTERLAKE DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	CONNOR, DONALD W.	42 NAME		
STREET ADDRESS	4204 INTERLAKE DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP		
TITLE	PD	51 TITLE	D	☒ Change ☐ Addition
NAME	JONES, CAROL E.	52 NAME	JONES, CAROL E	
STREET ADDRESS	4204 INTERLAKE DRIVE	53 STREET ADDRESS	4204 INTERLAKE DR.	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	TAMPA, FL	
TITLE		61 TITLE	PD	☐ Change ☒ Addition
NAME		62 NAME	MILTON KUZMA	
STREET ADDRESS		63 STREET ADDRESS	4204 INTERLAKE DR	
CITY-ST-ZIP		64 CITY-ST-ZIP	TAMPA FLORIDA	

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: John W Hopkins John W Hopkins APRIL 26, 1995 (813) 963-3130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0900667 CP