

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 25 AM 8:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F93000004556 (7)

1. Corporation Name

COIN OPERATED PHONES, INC.

Principal Place of Business Making Address
15121 FEIGNER ROAD ROANOKE IN 46783

DO NOT WRITE IN THIS SPACE

5. Date Incorporated or Qualified **10/04/1993** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business 2a. Making Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc.
22 City & State 27 City & State
24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **35-1718255** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$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
**EATON, DAVID A.P.A.
7301 NINTH STREET NORTH
ST. PETERSBURG FL 33702**

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

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	KNOWLES, MILES V
STREET ADDRESS	15121 FEIGNER RD.
CITY, ST, ZIP	ROANOKE IN 46783
TITLE	P
NAME	KNOWLES, MILES V.PETER
STREET ADDRESS	15121 FEIGNER RD.
CITY, ST, ZIP	ROANOKE IN 46783
TITLE	V
NAME	CRISWELL, RONALD G
STREET ADDRESS	2315 CHARLOTTE AVENUE
CITY, ST, ZIP	FT. WAYNE IN 47805
TITLE	ST
NAME	CRISWELL, CYNTHIA L
STREET ADDRESS	2315 CHARLOTTE AVENUE
CITY, ST, ZIP	FT. WAYNE IN 47805
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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)(k), 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: *Miles Knowles* **MILES KNOWLES**
PRESIDENT

7/24/95 **218-638-4706**

CR2E034 (3/95)