

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F93000004556 (7)**

1. Corporation Name

**COIN OPERATED PHONES, INC.**



Principal Place of Business

Mailing Address

**15121 FEIGNER ROAD  
ROANOKE IN 46783**

**15121 FEIGNER ROAD  
ROANOKE IN 46783**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

**10/04/1993**

**07/25/1995**

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

**EATON, DAVID A P.A.  
7301 NINTH STREET NORTH  
ST. PETERSBURG FL 33702**

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 the corporation

(TITLE) Registered Agent signature and printed name of the agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>KNOWLES, MILES V</b>	
STREET ADDRESS	<b>15121 FEIGNER RD.</b>	
CITY-ST-ZIP	<b>ROANOKE IN 46783</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KNOWLES, MILES V.PETER</b>	
STREET ADDRESS	<b>15121 FEIGNER RD.</b>	
CITY-ST-ZIP	<b>ROANOKE IN 46783</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CRISWELL, RONALD G</b>	
STREET ADDRESS	<b>2315 CHARLOTTE AVENUE</b>	
CITY-ST-ZIP	<b>FT. WAYNE IN 47805</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>CRISWELL, CYNTHIA L</b>	
STREET ADDRESS	<b>2315 CHARLOTTE AVENUE</b>	
CITY-ST-ZIP	<b>FT. WAYNE IN 47805</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 119.07(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 V. Knowles* **MILES V. KNOWLES** 4/19/96 219638-4706  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)