

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 2: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000432 (5)**

1. Corporation Name

SUNSHINE STATE ONE-CALL OF FLORIDA, INC.

Principal Place of Business

Mailing Address

14 S. FT. HARRISON AVE.
CLEARWATER FL 34616
US

P. O. B OX 10354
CLEARWATER FL 34617-8354
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/01/1993** 3a. Date of Last Report **07/26/1994**

4. FEI Number **65-0445791** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SOLIS, CARLOS
14 S. FT HARRISON AVE.
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C**
NAME **BUOL, DANIEL W**
STREET ADDRESS **511 AVENUE T, NW**
CITY - ST - ZIP **WINTER HAVEN FL**

11 TITLE **D/C** Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **VC**
NAME **FARKAS, JOHN J**
STREET ADDRESS **666 NW 79 AVE, #622**
CITY - ST - ZIP **MIAMI FL**

21 TITLE **D/VC** Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP **000001517300**
-06/20/95--01047--015

TITLE **S**
NAME **LESNETT, LARRY**
STREET ADDRESS **501 E. LEMON ST**
CITY - ST - ZIP **LAKELAND FL**

31 TITLE **D/S**
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP *****138.75** **138.75**

TITLE **AS**
NAME **HALL, DAVID W**
STREET ADDRESS **555 LAKE BORDER LN.**
CITY - ST - ZIP **APOPKA FL**

41 TITLE **D/AS** Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE **T**
NAME **SOLIS, CARLOS**
STREET ADDRESS **14 S. FT. HARRISON AVE.**
CITY - ST - ZIP **CLEARWATER FL**

51 TITLE **D/T** Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE **AT**
NAME **HEATHERINGTON, WILLIAM**
STREET ADDRESS **4980 BAYLINE DR**
CITY - ST - ZIP **N. FT. MYERS FL**

61 TITLE **D/AT** Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP **REMITTED BY MAY 1**

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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1995

(P13) 464-4992