

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000000432 (5)

1. Corporation Name

SUNSHINE STATE ONE-CALL OF FLORIDA, INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified
02/01/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 7200 Lake Ellenor Dr

26 7200 Lake Ellenor Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 220

27 220

City & State

City & State

23 ORLANDO, FL

28 ORLANDO, FL

Zip

Country

Zip

Country

24 32809

25 USA

29 32809

30 USA

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature of officer or director of registered agent and title if applicable

Carlos Solis, Director Treasurer

7/31/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

DELETE

1.1 TITLE DC
1.2 NAME RICHARD M. SPIROFF
1.3 STREET ADDRESS 400 SW 2nd AVENUE - 7TH FLOOR
1.4 CITY - ST - ZIP Miami, FL. 33130

Change Addition

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

DELETE

2.1 TITLE DVC
2.2 NAME GEOFF WARNOCK
2.3 STREET ADDRESS 555 SE 5TH AVE
2.4 CITY - ST - ZIP GAINESVILLE, FL. 32601

Change Addition

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

DELETE

3.1 TITLE DS
3.2 NAME HALL, DAVID W
3.3 STREET ADDRESS 555 LAKE BORDER LN
3.4 CITY - ST - ZIP APOPKA FL

Change Addition

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

DELETE

4.1 TITLE DAS
4.2 NAME Alan France
4.3 STREET ADDRESS 601 S. Lake Destiny Dr.
4.4 CITY - ST - ZIP Maitland, FL. 32794-5100

Change Addition

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

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

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

DELETE

6.1 TITLE DAT
6.2 NAME SWEET, MARK
6.3 STREET ADDRESS 3201 34TH ST S.
6.4 CITY - ST - ZIP St. Petersburg, FL. 33733

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Solis

7/31/96

(813) 464-4992

Date

Daytime Phone #

CR2E037 (3/96)