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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

7200 LAKE ELLENOR DR
SUITE 220
ORLANDO FL 32809
US

7200 LAKE ELLENOR DR
STE 220
ORLANDO FL 32809-5742
US

3. Date Incorporated or Qualified
02/01/1993

3a. Date of Last Report
08/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

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

ERWIN, DAVID B
GALLIE'S HALL
225 S. ADAMS STREET, SUITE 200
TALLAHASSEE FL 32301

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 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: *David B. Erwin*

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 DC DELETE
NAME SPIROFF, RICHARD M.
STREET ADDRESS 400 SW 2ND AVENUE, 7TH FLOOR
CITY-ST-ZIP MIAMI F,

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVC DELETE
NAME ARHOCK, GEOFF
STREET ADDRESS 555 SE 5TH AVE
CITY-ST-ZIP GAINESVILLE FL

2.1 TITLE Change Addition
2.2 NAME warnock
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DS DELETE
NAME HALL, DAVID W.
STREET ADDRESS 555 LAKE BORDER LN
CITY-ST-ZIP APOPOKA FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DAS DELETE
NAME ERNACE, ALAN
STREET ADDRESS 601 S. LAKE DESTINY DR, STE 450
CITY-ST-ZIP MATLAND FL

4.1 TITLE Change Addition
4.2 NAME France
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

TITLE DAT DELETE
NAME SWEET, MARK
STREET ADDRESS 3201 34TH ST. S.
CITY-ST-ZIP ST. PETERSBURG FL

6.1 TITLE Change Addition
6.2 NAME DAT James Grea
6.3 STREET ADDRESS 501 East Lemon Street
6.4 CITY-ST-ZIP Lakeland, FL 33801-5079

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David W. Hall* DEODAVE W. Hall 1/10/97 4078561414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017039

CR2E037 (9/96)