


FILE NOW: FILING FEE IS \$61.25

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Feb 10 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000432 (5)**

1. Corporation Name

**SUNSHINE STATE ONE-CALL OF FLORIDA, INC.**



Principal Place of Business <b>7200 LAKE ELLENOR DR SUITE 200 ORLANDO FL 32809 US</b>	Mailing Address <b>7200 LAKE ELLENOR DR STE 200 ORLANDO FL 32809 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. <b>SUITE 201</b> 22 City & State <b>ORLANDO FL</b> 23 Zip <b>32809</b>	2a. Mailing Address 26 Suite, Apt. #, etc. <b>SUITE 201</b> 27 City & State <b>ORLANDO FL</b> 28 Zip <b>32809</b>
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3. Date Incorporated or Qualified <b>02/01/1993</b>
4. FEI Number <b>65-0445791</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>ERWIN, DAVID B GALLIE'S HALL 225 S. ADAMS STREET, SUITE 200 TALLAHASSEE FL 32301</b>
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10. Name and Address of New Registered Agent 81 Name <b>DAVID R. SCHLUTER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7200 LAKE ELLENOR DRIVE, SUITE 201</b> 83 City <b>ORLANDO</b> 84 State <b>FL</b> 85 Zip Code <b>32809</b>
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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 R. SCHLUTER** (Signature, typed or printed name of registered agent and title if applicable.)  
 (NOTE: Registered Agent signature required when reinstating)  
 DATE **Jan 22, 1998**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>SPIROFF, RICHARD M.</b> <b>400 SW 2ND AVENUE, 7TH FLOOR</b> <b>MIAMI F.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVC</b> <b>WARNOCK, GEOFF</b> <b>555 SE 5TH AVE</b> <b>GAINESVILLE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>HALL, DAVID W.</b> <b>555 LAKE BORDER LN</b> <b>APOPOKA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAS</b> <b>FRANCE, ALAN</b> <b>601 S. LAKE DESTINY DR, STE 450</b> <b>MAITLAND FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>SOLIS, CARLOS</b> <b>14 S. FT. HARRISON AVE.</b> <b>CLEARWATER FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAT</b> <b>JAMES, AREA</b> <b>501 EAST LEMON STREET</b> <b>LAKELAND FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>DVC</b> <b>JEFF RODGER</b> <b>1400 CHANNELSIDE DRIVE</b> <b>TAMPA, FL 33605</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>500002428046</b> <b>-02/11/98--01088--009</b> <b>***61.25</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>DAT</b> <b>GREG JAMES</b> <b>501 EAST LEMON STREET</b> <b>LAKELAND, FL 33801-5079</b>

14. I 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: **R. M. Spiroff** **1-22-98**

CR2E037 (10/97)