PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Hayria 🕳 🥴 Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90239 021 ***150.00

1 Corporation	MENT # P94000 ON CALL INC.	042541			
Principal Place	e of Business	Mailing Address			ilika temat minis meniti (luli Iba).
6704 C PLANTA		7217 TWIN LAKES LANE			
UNIT B PENSACOLA FL 32534				DO NOT WRITE IN THIS	SPACE
Pensacol a fl Us	. 32504			3. Date Incorporated or Qualifed	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
US				06/08/1994	
2 0	top of Business	2a. Malling Address		4. FEI Number	Applied For
 -	tace of Business	26		59-3253094	Not Applicable
21 Suite, Apt.	# ptc	Suite, Apt. #, etc.			\$8.75 Additional
22		27		-5 Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	tangible
24		29	0 = = -	Personal Property Tax.	_∐Yes □No
	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Registered	B) Maider
	B, ANN		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	Sula
6704 C PLANTATION RD			1070	2 B Dlantation CU	· XUTERT
UNIT B			83	n san Ta	
PEN	SACOLA FL 32504		84 City		85 Zip Code
			'		32504
office of a agent I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the state of the obligation of the obligati	$\langle 0 \times 0 \times 1 \rangle$	norized by the corpora a Statutes.	rporation submits this statement for the purpose of thou's board of directors. I hereby accept the appoint of the statement of the second of directors and the statement of the second o	<u></u>
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ID DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	COBB. ANN		1.2 NAME		į.
STREET ADDRESS	7217 TWIN LAKES LANE	·	1.3 STREET ADDRESS		DIRECTORS IN 12 Change Addition
CITY-ST-ZIP	PENSACOLA FL		14 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WORTHLAKE, LAURA		22 NAME		1
STREET ADDRESS	5910 WALTON ST		2.3 STREET ADDRESS		
CITY-ST-IP	PENSACOLA FL	اب مصديد	2.4 CITY-ST-ZIP		
TITLE	ST	DELETE	3.1 TITLE		Change Addition
NAME	KEELK, PETER		32NAME		•
STREET ADDRESS	7217 TWINLAKES LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY-ST-ZIP		
· mre	'D	DELETE	4.1 TITLE	 	Change Addition
NAME	COBB, CAROL		4, 2 NAME		
STREET ADDRESS	5910 WALTON ST		4.3 STREET ADDRESS		ſ
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE)	☐ DELETE	5.1 TITLE		∏ crounds (T) warmoou
NAME	1		5.2 NAME		
STREET ADDRESS	3		5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		☐ Change ☐ Addition
I	1	D OCI ETE	6.1 DILE		

14. I hereby certify that the information supplied with this fitting 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: _

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SUCCESSION TO SECURIZE DE SEGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE