

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # 493706 (6)
1. Corporation Name
TELCO SERVICE INC.



Principal Place of Business
**P.O. BOX 3086
TALLAHASSEE FL 32315**

Mailing Address
**P.O. BOX 3085
TALLAHASSEE FL 32315-3085**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1976		3a. Date of Last Report 06/03/1996	
21 U.S. 27 SOUTH	26 P.O. Box 2398			4. FEI Number 59-1643516		Applied For Not Applicable	
22 RT 1 Box 1461	27 U.S. 27 SOUTH			5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 HAVANA FL	28 HAVANA FL			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 32333	25 GADSDEN	29 32333-2398	30 GADSDEN	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCCAULEY, I.J. 4020 MARKET PLACE TALLAHASSEE FL 32315 RT 1 Box 1461 U.S. 27 SOUTH HAVANA FL 32333				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 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 reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCAULEY, I.J.			1.2 NAME	RT 1 Box 1461		
STREET ADDRESS	4020 MARKET PLACE			1.3 STREET ADDRESS	U.S. 27 SOUTH		
CITY - ST - ZIP	TALLAHASSEE FL			1.4 CITY - ST - ZIP	HAVANA FL 32333		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAUGHTRY, M.K.			2.2 NAME	RT 1 Box 1461		
STREET ADDRESS	4020 MARKET PLACE			2.3 STREET ADDRESS	U.S. 27 SOUTH		
CITY - ST - ZIP	TALLAHASSEE FL			2.4 CITY - ST - ZIP	HAVANA FL 32333		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

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

SIGNATURE: **JEANETTE MCCAULEY**
4-15-97

CR2E034 (9/96)