**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:40

DOCUMENT # **504559** **(6)**

1. Corporation Name
**LEESBURG COMMUNICATIONS & ANSWERING SERVICE, INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 1206 W. MAIN ST.<br>LEESBURG FL 34748<br>US | 1206 W. MAIN ST.<br>LEESBURG FL 34748<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1976
3a. Date of Last Report: 03/15/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1018 North Blvd., W. Suite A | 26 1018 North Blvd., W. Suite A |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Leesburg, FL | City & State 28 Leesburg, FL |
| Zip 24 34748 / Country 25 | Zip 29 34748 / Country 30 |

4. FEI Number: 59-1677423 ☐ 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**

SKILBRED, FRANK A.
1206 WEST MAIN ST.
LEESBURG FL 34748

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1018 North Blvd., W. Suite A
83

84 City: Leesburg FL 85 Zip Code: 34748

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 11 TITLE | DP ☐ Change ☐ Addition |
| NAME | SKILBRED, FRANK A | 12 NAME | SKILBRED, FRANK A. |
| STREET ADDRESS | 1206 W MAIN ST | 13 STREET ADDRESS | 1018 North Blvd., W. |
| CITY-ST-ZIP | LEESBURG, FL 00000 | 14 CITY-ST-ZIP | Leesburg, FL 34748 |
| TITLE | STD | 21 TITLE | STD ☐ Change ☐ Addition |
| NAME | SKILBRED, LILLIAN V | 22 NAME | SKILBRED, LILLIAN V. |
| STREET ADDRESS | 1206 W MAIN ST | 23 STREET ADDRESS | 1018 North Blvd., W. |
| CITY-ST-ZIP | LEESBURG, FL 00000 | 24 CITY-ST-ZIP | Leesburg, FL 34748 |
| TITLE | VP | 31 TITLE | VP ☐ Change ☐ Addition |
| NAME | SKILBRED, MARK | 32 NAME | SKILBRED, MARK |
| STREET ADDRESS | 1206 W MAIN ST | 33 STREET ADDRESS | 1018 North Blvd., W. |
| CITY-ST-ZIP | LEESBURG FL | 34 CITY-ST-ZIP | Leesburg, FL 34748 |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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)(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:** Frank A. Skilbred 4-1-95 904-787-6662
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
FRANK A. SKILBRED

0378828 CP