

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

FILED

Mar 27 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 # 504559 (6)
1. Corporation Name
LEESBURG COMMUNICATIONS & ANSWERING SERVICE, INC



Principal Place of Business: 1018 NORTH BLVD., W. SUITE A
LEESBURG FL 34748
US
Mailing Address: 1018 NORTH BLVD., W. SUITE A
LEESBURG FL 34748-5057
US

3. Date Incorporated or Qualified: 06/01/1976
3a. Date of Last Report: 02/16/1996
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
SKILBRED, FRANK A.
1018 NORTH BLVD., W. SUITE A
LEESBURG FL 34748

10. Name and Address of New Registered Agent
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: (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS
TITLE: DP NAME: SKILBRED, FRANK A. STREET ADDRESS: 1018 NORTH BLVD., W. LEESBURG, FL 00000
TITLE: STD NAME: SKILBRED, LILLIAN V. STREET ADDRESS: 1018 NORTH BLVD., W. LEESBURG, FL 00000
TITLE: VP NAME: SKILBRED, MARK STREET ADDRESS: 1018 NORTH BLVD., W. LEESBURG FL
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: D 1.2 NAME: SKILBRED, FRANK A. 1.3 STREET ADDRESS: 9817 WEDGEWOOD LANE 1.4 CITY-ST-ZIP: LEESBURG, FL 34788
2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:
3.1 TITLE: P 3.2 NAME: SKILBRED, MARK 3.3 STREET ADDRESS: 1018 NORTH BLDV., W. LEESBURG, FL 34748
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:
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 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: [Signature] 3-21-97 352-787-6662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)