

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

05-01-1999 90095 033 \*\*\*150.00

DOCUMENT # 853670

1. Corporation Name  
TRANSCALL AMERICA, INC.

Principal Place of Business

515 E AMITE ST  
JACKSON MS 39201-2702  
US

Mailing Address

~~515 E AMITE ST~~  
~~JACKSON MS 39201-2702~~  
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1982

4. FEI Number

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26

1133 19th Street, N.W. Wash. D.C. 20036

27 Suite, Apt. #, etc.

DEPT 8408

28 City & State

29 Zip

Country

USA

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
528 E. PARK AVE.  
TALLAHASSEE FL 32301

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

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 ☐ DELETE

NAME EBBERS, BERNARD J

STREET ADDRESS 515 E AMITE ST

CITY-ST-ZIP JACKSON MS

TITLE ☒ DELETE

NAME MYERS, DAVID

STREET ADDRESS 515 EAST AMITE STREET

CITY-ST-ZIP JACKSON MS

TITLE ☐ DELETE

NAME ~~ASD~~  
~~CANNADA, CHARLES T~~

STREET ADDRESS 515 E AMITE ST

CITY-ST-ZIP JACKSON MS

TITLE ☐ DELETE

NAME SULLIVAN, SCOTT D

STREET ADDRESS 515 E AMITE ST

CITY-ST-ZIP JACKSON MS

TITLE ☐ DELETE

NAME ANDERSON, WILLIAM E

STREET ADDRESS 515 EAST AMITE STREET

CITY-ST-ZIP JACKSON MS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 607, 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.

SIGNATURE: *Walter Nagel*

4/29/99

202-736-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)