

A96 000001215

John H. Williams
89 East Bay St.
Winter Garden, FL 34787

REGISTRATION
SECTION
CORPORATION
DIVISION
MAY 29 1996 11

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1 On call Communications, Limited
(Corporation Name) (Document #)

2 _____
(Corporation Name) (Document #)

*****87.50 *****87.50
-06/05/96- 01081 ---005

3 _____
(Corporation Name) (Document #)

4 _____
(Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time _____
- Will wait
- Certified Copy
- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

A96-1215

Name Availability	<i>RL 6-28</i>
Document Examiner	<i>RL</i>
Updater	<i>RL</i>
Updater Verifier	<i>RL</i>
Acknowledgement	<i>RL</i>
W. P. Verifier	<i>RL</i>

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

- 1. ON CALL COMMUNICATIONS, LTD.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
- 2. 89 EAST BAY STREET, WINTER GARDEN, FLORIDA 34787
(Business address of Limited Partnership)
- 3. RITA J. WILLIAMS
(Name of Registered Agent for Service of Process)
- 4. 89 EAST BAY STREET, WINTER GARDEN, FLORIDA 34787
(Florida street address for Registered Agent)
- 5. *Rita Williams*
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
- 6. P. O. BOX 771264, WINTER GARDEN, FLORIDA 34777
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 10 years

8. Name(s) of general partner(s):	Street address:
<u>RITA J. WILLIAMS</u>	<u>89 EAST BAY ST., WINTER GARDEN, FL</u> <u>34787</u>
_____	_____
_____	_____

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 22nd day of June, 19 96.

Signature of all general partners:

<u><i>Rita Williams</i></u> General Partner	_____ General Partner
_____ General Partner	_____ General Partner
_____ General Partner	_____ General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP

RECORDED
JUN 27 1956
STATE OF FLORIDA
DEPARTMENT OF REVENUE

The undersigned constituting all of the general partners of _____

ON CALL COMMUNICATIONS, LTD.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 500.00

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 500.00

Signed this 22nd day of June, 19 56

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.



General Partner

A 96000001215
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 1A-4.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.
THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: On Call Communications EIN or SS#: 59-3443395
 Address: 21 South Main Street
Winter Garden, Florida 34787
 Amount: \$52.50 Date Paid: 6/19/97 check No 1248
 Reason for Claim: Limited Partnership is revoked. ON CALL COMMUNICATIONS, LTD.
(A96000001215)
Registration Section/Diane Cushing
 Certified true and correct this 30th day of June, 19 97
 Signature [Signature]
 * Must be completed if authority is other than Section 215.26, Florida Statutes.

Do Not Write in This Box - For Agency Use Only
 Agency recommends approval of above claim and submits the following information to substantiate the claim:
 Amount of recommended refund \$ 52.50
 The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on
 State Treasurer's Receipt No. 01142 001 dated 6/23/97
 NAME OF ACCOUNT: _____
45202130001453000000000010000
 Statutory Authority for Collection 620.0192
 It is requested that payment be made from the following account:
 NAME OF ACCOUNT: _____
45202130001453000000022002000
 Certified true and correct this _____ day of _____, 19 _____
 Department of State, Division of Corporations _____
 (Agency) (Authorized Agency Signature and Title)