

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90017 035 ***550.00

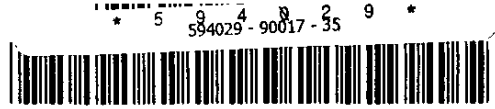


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **F93000002086** ✓

1. Corporation Name
SUMMIT TELESERVICES, INC.



Principal Place of Business
**3650 CLAYPOND RD
 MYRTLE BEACH SC 29577
 US**

Mailing Address
**P.O. BOX 808
 MYRTLE BEACH SC 29577**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/05/1993

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 **P.O. Box 12740**
 27 Suite, Apt. #, etc.
 28 **Charleston, SC**
 29 Zip Country
 30 **29422 Charleston**

4. FEI Number
57-0875157

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. Yes No

9. Name and Address of Current Registered Agent
**PITTARI, ANTHONY T.
 5378 DEER CREEK DR
 ORLANDO FL 32821**

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|---|--|
| TITLE | P <input checked="" type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CICERO, JOSEPH E DR | 1.2 NAME |
| STREET ADDRESS | 3650 CLAYPOND RD. | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | MYRTLE BEACH SC 29577 | 1.4 CITY-ST-ZIP |
| TITLE | VPS <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PATCH, MAGGIE | 2.2 NAME |
| STREET ADDRESS | 3650 CLAYPOND RD. | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | MYRTLE BEACH SC 29577 | 2.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE <input checked="" 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 |
| 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 |

ERROR

**S-T Patch, Kenneth
 3650 Claypond Rd.
 Myrtle Beach, SC 29577**

**P Patch, Maggie
 3650 Claypond Rd.
 Myrtle Beach, SC 29577**

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.

SIGNATURE: Margaret E. Patch (Margaret E. Patch) 7/10/99 843-588-0046

CR2E034 (5/99)