

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR 19 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003937 (9)**

1. Corporation Name  
**DIAL CALL FLORIDA, INC.**

Principal Place of Business  
**301 COLLEGE STREET-STE 310  
GREENVILLE-SC-29601**

Mailing Address  
**301 COLLEGE STREET-STE 310  
GREENVILLE-SC-29601**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**07/27/1994**

3a. Date of Last Report

2. Principal Place of Business  
21 **6575 The Corners PKWY**

2a. Mailing Address  
26 **6575 The Corners PKWY**

4. FEI Number  
**APPLIED FOR 57-0992906**

Applied For  
Not Applicable

22 City & State  
**Norcross, GA**

27 City & State  
**Norcross, GA**

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

23 Zip  
**30092**

24 Country  
**USA**

28 Zip  
**30092**

29 Country  
**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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 fee if applicable) (NOTE: Registered Agent signature not valid when missing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>POST</b>
NAME	<b>HULTMAN, JEFFREY R</b>
STREET ADDRESS	<b>301 COLLEGE STREET, STE 310</b>
CITY- ST- ZIP	<b>GREENVILLE SC</b>
TITLE	<b>AS</b>
NAME	<b>WEBER, MARY E</b>
STREET ADDRESS	<b>301 COLLEGE STREET, STE 310</b>
CITY- ST- ZIP	<b>GREENVILLE SC</b>
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>STE. 700</b>
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>STE. 700</b>
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>John E. Hill, III</b>
3.3 STREET ADDRESS	<b>6575 The Corners Parkway</b>
3.4 CITY- ST- ZIP	<b>Norcross, GA 30092</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(2)(b), 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; and that I am authorized to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in Block 14 if new, with an address.

SIGNATURE: **John E. Hill** **V.P. FINANCER** **5/2/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Month/Year