

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

DOCUMENT # F95000000397

1. Corporation Name

ZENEX LONG DISTANCE, INC.

Principal Place of Business

**3705 W MEMORIAL
SUITE 101-Z
OKLAHOMA CITY OK 73034
US**

Mailing Address

**2912 LAKESIDE DR.
100
OKLAHOMA CITY OK 73120
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 SUITE 101-A

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip **25** Country

73134

28 Zip **29** Country

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

01/25/1995

4. FEI Number

73-1441589

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

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

TITLE **PD** ☒ DELETE
NAME **ADUDELLE, DAVID W**
STREET ADDRESS **6001 N. SANTE FE**
CITY-ST-ZIP **EDMOND OK**

TITLE **D** ☐ DELETE
NAME **ZABLE, STEVE**
STREET ADDRESS **2413 BROOKDALE AVE.**
CITY-ST-ZIP **EDMOND OK**

TITLE **CEO** ☒ DELETE
NAME **MURCER, BOBBY R**
STREET ADDRESS **3244 WHIPPOORWILL ROAD**
CITY-ST-ZIP **OKLAHOMA CITY OK 73120**

TITLE **D** ☐ DELETE
NAME **ADUDELLE, STEPHEN H**
STREET ADDRESS **2828 BLUE SPRUCE**
CITY-ST-ZIP **EDMOND OK**

TITLE **ST** ☒ DELETE
NAME **RAMSEY, MICHELLE**
STREET ADDRESS **2301 NW 122ND #2410**
CITY-ST-ZIP **OKLAHOMA CITY OK 73120**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☒ Addition
**PRESIDENT
C. WAYNE PARKS
4201 BASSETT ST, NW
PIEDMONT, OK 73078**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition
**TREASURER
DEBRA MOREHEAD
3514 E. MEMORIAL RD.
EDMOND, OK 73013**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition
**SECRETARY
DEBBIE DEVER
19808 HARNESS COURT
EDMOND, OK 73003**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

405/749-9999

Date

Daytime Phone #

CR2E034 (11/98)



DO NOT WRITE IN THIS SPACE