05-10-1999 90064 009 \*\*\*150.00

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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000004510

1. Corporation Name

Principal Place of Business

COMDATA TELECOMMUNICATIONS SERVICES, INC.

City & State  Country  Zip  City  Siname and Address of Current Registered Agent  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  City  FL  Siname  Sire Address (P.O. Box Number is Not Acceptable)  Sire Address (P.O. Box Number is Not Accep	<b>:</b>
Suite, Apt. #, etc.  Suite, Ap	
Suite, Apt. #, etc.    Suite, Apt. #, etc.	Applied For
Sulfe, Apt. #, etc. 22 22 23 28 26 City & State 28 City & State 29 City & State 20 City & State 21 City & State 22 City & State 23 City & State 24 City & State 25 City & State 26 City & State 26 City & State 27 City & Stat	Not Applicable
City & State	75 Additional
Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip	e Required
9. Name and Address of Current Registered Agent  C T CORPORATION, SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  83  14 City FL 85  17. Pursuant to the provisions of Sections 807 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changin 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's agent, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment's agent, and secret the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY. ST. ZP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. STREET ADDRESS  15. STREET AD	.00 May Be ded to Fees
9. Name and Address of New Registered Agent  C T CORPORATION SYSTEM 1200 SQUITH PINE ISLAND ROAD PLANTATION FL 33324  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 changin office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changin 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 agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  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 changin 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 agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes.  12. The corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  12. The corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of Statutes.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14.0TH ST.2P  15. TITLE  10. Change of the corporation's board of directors. I hereby accept the exporation's board of directors. I hereby accept the exporation's board of directors. I hereby accept the obligations of statutes.  15. TITLE  10. Change of the corporation's board of directors. I hereby accept the obligations and the provision's board of directors. I hereby accept the obligations of the provision's board of directors. I h	
C T CORPORATION SYSTEM 1200 SOUTH PINE: ISLAND ROAD PLANTÂTION FL 33324  24 City  33  24 City  FL  25  26  26  27  28  28  28  28  28  28  28  28  28	□No
C T CORPORATION SYSTEM 1200 SQUITH PINE ISLAND ROAD PLANTATION FL 33324  82   Street Address (P.O. Box Number is Not Acceptable)  83   84   City   FL   85   85   86   City   FL   85   86   City   FL   85   87   City   FL   85   88   City   FL   85   89   City   FL   85   80   City   FL   85   80   City   FL   85   80   City   FL   85   81   City   FL   85   82   City   FL   85   83   City   FL   85   84   City   FL   85   85   City   FL   85   86   City   FL   85   87   City   FL   85   88   City   FL   85   89   City   FL   85   80   City   FL	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  133  84 City  FL 85  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 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 of agent, and mamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, hyper or pritted rame of registered agent and still of applicable.  (NOTE: Registered Agent signature required when relineating)  OATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ONTE: Registered Agent signature required when relineating)  OATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ONTE: Registered Agent signature required when relineating)  OATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ONTE: Registered Agent signature required when relineating)  OATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. STREET ADDRESS  5301 MARYLAND WAY  13. STREET ADDRESS  5301 MARYLAND WAY  24. ONTY-ST-ZP  TITLE  VP  DELETE  12. ORFICERS AND DIRECTORS  13. STREET ADDRESS  5301 MARYLAND WAY  24. ONTY-ST-ZP  TITLE  VP  DELETE  12. ORFICERS AND DIRECTORS  13. STREET ADDRESS  14. ONTY-ST-ZP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ONTY-ST-ZP  17. DELETE  17	
PLANTATION FL 33324  83  84 City FL 85  85 Internation FL 33324  86 FL 9 Internation FL 33324  87 Internation FL 33324  88 Internation FL 33324  88 Internation FL 33324  88 Internation FL 33324  88 Internation FL 33324  89 Internation FL 33324  89 Internation FL 33324  89 Internation FL 33324  80 Internation FL 33324  81 Internation FL 33324  81 Internation FL 33324  82 Internation FL 33324  83 Internation FL 33324  84 City FL 33324  85 Internation FL 33324  86 Internation FL 33324  86 Internation FL 33324  87 Internation FL 33324  88 Internation FL 33324  88 Internation FL 33324  89 Internation FL 3324  89 Internation FL 3324  89 Internation FL 3324  89 Internat	
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 changin 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, Nyped or printed name of registered agent and 486 of applicable.	
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 changin 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, hyped or printed remine of registered agent and their applicable.   (NOTE: Registered Agent signature required when reinstating)   OATE	
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 changin 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, hyped or printed remine of registered agent and their applicable.   (NOTE: Registered Agent signature required when reinstating)   OATE	Zip Code
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 agent and manual registered agent and state of spokes.  SIGNATURE  12.	Zip Oode
Signature, typed or printed name of registered agent and title of applicables.   (NOTE: Repistered Agent signature required When reinstalting)	g its registered is registered
TITLE	
NAME HOLCOMBE, TONY G  STREET ADDRESS  5301 MARYLAND WAY  IS STREET ADDRESS  CITY-ST-ZIP  TITLE  WARRIS, CHARLES P  STREET ADDRESS  SOIT MARYLAND WAY  ARRIS, CHARLES P  SOIT MARYLAND WAY  STREET ADDRESS  CITY-ST-ZIP  REPATIWOOD TN  DELETE  31 TITLE  NAME  KRIBBS, ROBERT E  STREET ADDRESS  CITY-ST-ZIP  TITLE  WP  DELETE  41 TITLE  WOLVERSON, DAVID  STREET ADDRESS  CITY-ST-ZIP  TITLE  WOLVERSON, DAVID  STREET ADDRESS  CITY-ST-ZIP  BRENTWOOD TN  DELETE  41 TITLE  WOLVERSON, DAVID  A2 CHY-ST-ZIP  TITLE  WOLVERSON, DAVID  A3 STREET ADDRESS  CITY-ST-ZIP  BRENTWOOD TN  A4 CITY-ST-ZIP  TITLE  SRVP  DELETE  41 TITLE  Che  WOLVERSON, DAVID  STREET ADDRESS  SOIT MARYLAND WAY  43 STREET ADDRESS  CITY-ST-ZIP  BRENTWOOD TN  DELETE  5301 MARYLAND WAY  44 CITY-ST-ZIP  NAME  SHERIDAN, MICHAEL W  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  BRENTWOOD TN  DELETE  5301 MARYLAND AVE  STREET ADDRESS  SOIT MARYLAND AVE  STREET ADDRESS	
STREET ADDRESS CITY- ST- ZIP BRENTWOOD TN 37027  TITLE V NAME HARRIS, CHARLES P STREET ADDRESS CITY- ST- ZIP TITLE T DELETE 31 TITLE T NAME KRIBBS, ROBERT E 32 NAME STREET ADDRESS CITY- ST- ZIP STREET ADDRESS CITY- ST- ZIP TITLE V NAME WOLVERSON, DAVID STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY- ST- ZIP TITLE VP DELETE A1 TITLE Che NAME WOLVERSON, DAVID STREET ADDRESS STREET	inge 🔲 Addition
DELETE   STREET ADDRESS   STREET ADDRE	
TITLE	
TITLE	
STREET ADDRESS   S301 MARYLAND WAY   2.3 STREET ADDRESS     CITY- ST-ZIP	inge
STREET ADDRESS   S301 MARYLAND WAY   2.3 STREET ADDRESS     CITY- ST-ZIP	
TITLE	
TITLE	
NAME   KRIBBS, ROBERT E   32 NAME   33 STREET ADDRESS   5301 MARYLAND WAY   33 STREET ADDRESS   5301 MARYLAND WAY   34. CITY-ST-ZIP   TITLE   DELETE   41 TITLE   Chamber   Ch	inge 🗌 Addition
STREET ADDRESS   S301 MARYLAND WAY   33.STREET ADDRESS	
CITY-ST-ZIP	*
TITLE	
NAME	nge Addition
STREET ADDRESS CITY-ST-ZIP BRENTWOOD TN 43 STREET ADDRESS CITY-ST-ZIP TITLE SRVP SHERIDAN, MICHAEL W STREET ADDRESS CITY-ST-ZIP BRENTWOOD TN 44 CITY-ST-ZIP 52 NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP BRENTWOOD TN 54 CITY-ST-ZIP	
CHY-ST-ZIP  BRENTWOOD TN  44 CHY-ST-ZIP  TITLE  SRVP  DELETE  5.1 TITLE  SHERIDAN, MICHAEL W  STREET ADDRESS  STREET ADDRESS  CHY-ST-ZIP  BRENTWOOD TN  44 CHY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CHY-ST-ZIP  5.4 CHY-ST-ZIP	
TITLE SRVP DELETE 5.1 TITLE Character Street Address SHERIDAN, MICHAEL W 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP BRENTWOOD TN 5.4 CITY-ST-ZIP CASE CITY-ST-ZIP	
NAME SHERIDAN, MICHAEL W STREET ADDRESS CITY-ST-ZIP SHERIDAN, MICHAEL W 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 54 CITY-ST-ZIP	ange Addition
STREET ADDRESS  5301 MARYLAND AVE  53 STREET ADDRESS  54 CITY-ST-ZIP  54 CITY-ST-ZIP	mg¢ ∐ Addidon
CITY-ST-ZIP BRENTWOOD TN 54 CITY-ST-ZIP	inge ⊟ Addidon
CHI-SI-EF DILLHIWOOD IN	nige LJ Addidon
TITLE   FXVP   MOLLETE   61 TITLE   1753 / 3 / 2	inge ∐ Addidon
NAME RIDDLE, L.G. 62 NAME MOLE V., D. I.	

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:

CITY-ST-ZIP

CR2E034 (11/98)