

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

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90010 016 ***150.00

DOCUMENT # F97000001197

1. Corporation Name
OMNICALL, INC.



Principal Place of Business
430 WOODRUFF RD., STE. 300
STE 450
GREENVILLE SC 29607
US

Mailing Address
430 WOODRUFF RD., STE. 300
STE 450
GREENVILLE SC 29607
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1997

4. FEI Number

57-1046947

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

2. Principal Place of Business

2a. Mailing Address

21 430 Woodruff Rd.

26 430 Woodruff Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. 450

27 Ste. 450

City & State

City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROGERS, FRANK
STREET ADDRESS 430 WOODRUFF RD, STE 450
CITY-ST-ZIP GREENVILLE SC 29607

1.1 TITLE PD
1.2 NAME Larry Long
1.3 STREET ADDRESS 430 Woodruff Rd., Ste. 450
1.4 CITY-ST-ZIP Greenville, SC 29607

TITLE VSTD
NAME ROGERS, ROBERT
STREET ADDRESS 430 WOODRUFF RD, STE 450
CITY-ST-ZIP GREENVILLE SC 29607

2.1 TITLE VSD
2.2 NAME Robert Rogers
2.3 STREET ADDRESS 430 Woodruff Rd
2.4 CITY-ST-ZIP Greenville, SC 29607

TITLE C
NAME ROGERS, WILLIAM
STREET ADDRESS 430 WOODRUFF RD, STE 450
CITY-ST-ZIP GREENVILLE SC 29607

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE PD
4.2 NAME Frank Rogers
4.3 STREET ADDRESS 430 Woodruff Rd. Ste 450
4.4 CITY-ST-ZIP Greenville, SC 29607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Rogers 5/21/99 (864) 297-4336

Date

Daytime Phone #

CR2E034 (11/98)