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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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98 APR 21 AM 10: 23

		# P9/U ELEPHONE, INC	UUUU252	5 (U)			SECRETARY OF STATE TALLAHASSEE, ELORIDA		
Principal Place of Business Mailing Address 401 CARLSON CIRCLE 8AN MARCOS TX 78666 SAN MARCOS TX 78666							DO NOT WRITE IN THIS SPACE		
		•					3. Date incorporated or Qualified 05/12/1997		
2. Principal F	Place of Busi	ness	2a. Mailing /	Address			4. FEI Number Applied For		
21			26	26			APPLIED FOR 74-2829868 Not Applica		
Suite, Apt.	#, etc.		— — · · · · · ·	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22 City & Stat	<u> </u>		27 City 8, St	City & State			Fee Hequired		
23	.6		<u> </u>	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country			Zip			;	8. This corporation owes or has paid the current year Intangible		
24			29				Personal Property Tax due June 30. Yes No		
0.			rrent Registered Age	nt	61	Name	10. Name and Address of New Registered Agent		
		ATION SYSTEM PINE ISLAND ROA	n		61		<u> </u>		
	ANTATION				62	Street Ad	dress (P.O. Box Number is Not Acceptable)		
I BANIFINION I C SOORY					83				
•					84	City	300002508633 8		
						•	-05/04/38- -91007- 28939		
11. Pursuant office or I	to the provis registered aç	sions of Sections 607. Jent, or both, in the S	.0502 and 607.1508, F tate of Florida. Such c	lorida Statut hange was i	es, the above authorized by	e-named co	orporation submits this statement to the purpose of changing heredisters ration's board of directors. I hereby accept the appointment as registered	eđ d	
	ım familiar w	ith, and accept the o	bligations of, Section (507.0505, Flo	orida Statutes	3,	•		
SIGNATURE	Signature, typed	for printed name of registerer	d agent and title if applicable.	(NOT	E: Registered Age	nt signature reg	guired when reinstating) DATE		
12.		OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP TO	DV 1140010 C		DELETE	1.1 TITLE		☐ Change ☐ Addit	ion	
NAME		DY, HAROLD E RLSON CIRCLE			1.2 NAME				
STREET ADDRESS		ARCOS TX 78666			1.3 STREET				
CITY-ST-ZIP TITLE	DS	11000 17 70000		DELETE	1.4 CITY-S' 2.1 TITLE	T-ZIP	☐ Change ☐ Additi	inn	
NAME	BATZ, S	ALLY A	_) prerie	2.2 NAME		C Shange C Account		
STREET ADDRESS	6881 SE	WAY	1		ADDRESS				
CITY-ST-ZIP	STUART	FL 34996			2. 4 CITY - S	· [
TITLE	V		L	DELETE	3.1 TITLE		Change Additi	ion	
NAME		EK, BERNICE			3.2 NAME				
STREET ADDRESS		RLSON CIRCLE			3.3 STREET	ADDRESS			
CITY-ST-ZIP	DAN MA	ACOS TX 78666		DELETE.	3.4, CITY-S	T-ZIP			
TITLE NAME			L.,	DELETE	4.1 TITLE		L] Change L] Additi	HUIT	
STREET ADDRESS	ı				4. 2 NAME 4.3 STREET	ADDRESS			
CITY-ST-ZIP					4.4 CITY - ST				
TITLE	-			DELETE	5.1 TITLE	1-211	Change Additi	ion	
NAME					5.2 NAME	-	_ · · ·	- [
STREET ADDRESS					5.3 STREET	ADDRESS			
CITY - ST - ZIP					5.4 CITY - ST	- ZIP		_	
TITLE				DELETE	6.1 TITLE		Change Additi	ion	
NAME					6.2 NAME		\mathcal{M}		
STREET ADDRESS					6.3 STREET		(-	
CITY-ST-ZIP	ertify that the	a information europlier	d with this filing does	not qualify to	6.4 CITY-SI	-ZIP	n Section 119.07(3)(i), Florida Statutes. I further certify that the informatio		

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 correction 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 grianged or on an attachment with an address.