SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

F9700005006 \

PRIDE PAYPHONES, INC.

FILED Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90013 033 ***550.00



Principal Place	of Business	Mailing Address					/II 48 III 48	AND NAMES OF	itit se ite :	8111 1841
5403 ASHTON COURT 5403 ASHTON COURT										
SARASOTA FL US	34233	Sarasota FL 34233 US			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified 09/25/1997				
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		1	Applied	For
21	~	26				65-0730093		- 1	Not Appl	licable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	\$8.75	Additic	onal
22		27				5. Certificate of Status Desired		Fee F	Required	d
City & State	9	City & State				6. Election Campaign Financing	٦	\$5.06	0 мау 6	Ве
23		28				Trust Fund Contribution L	<u></u>	Adder	d to Fee	es
Zip	Country	Zip	⊢¬	intry		8. This corporation owes the current ye		, r	٦	
24	25	29	30			Intangible Personal Property.	<u>×</u>		No_	
	9. Name and Address of Curren	it Registered Agent		81	Name	10. Name and Address of New Regist	ierea Aç	jent		
LONGWELL, ALAN G			Name							
	3 ASHTON COURT	7			82 Street Address (P.O. Box Number is Not Acceptable)					
	ASOTA FL 34233			83						
				84	City		FL	85 Zip	Code	
44	A- 4b :: 4 4: 607 050	2 and CO7 1EOR Elorido Statuto	o tho ob		armed corne	pration submits this statement for the purpose		naina its	register	ed
office or a	registered agent, or both, in the State	of Florida. Such change was a	uthorize	d by 1	the corporati	ion's board of directors. I hereby accept the	appointr	nent as	register	eď
agent. I a	am familiar with, and accept the obliga	ations of, section 607.0505, Flo	orida Stat	tutes.						}
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable (NC	OTF: Registe	ered Ao	ent signature reg	guired when reinstating)	DATE			_
12. OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECT	rors In	N 12
TITLE	PD	DELETE						Change	, 🗍 /	Addition
NAME	BRANCH, DAVID	_	1.2 N	1.2 NAME						
STREET ADDRESS	5403 ASHTON COURT			1.3 STREET ADDRESS						}
CITY-ST-ZIP	SARASOTA FL 34233			TY-ST-	ZIP					
TITLE	V DELETE			2.1 TITLE				Change	, 🔲 /	Addition
NAME	HANSEN, DAN			AME						
STREET ADDRESS	5403 ASHTON COURT		2.3 \$1		NDORESS					
CITY-ST-ZIP	SARASOTA FL 34233			TY-ST-	ZIP					
TITLE	ST			3.1 TITLE			L	_ Change	, #	Addition
NAME	BRANCH, DANIEL		3.2 N	AME	1					
STREET ADDRESS	5403 ASHTON COURT		3.3 \$1	REET A	ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34233		_	TY-ST-	ZIP			_		
TITLE		DELETE	4,1 TI				L	Change	, []	Addition
NAME			4.2 N/		LDDDESC					j
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	·		4.4 CI 5.1 TI	TY-ST-	ZIP			7 65	$\overline{}$	Addition
TITLE		☐ DELETE	5.1 N		1		L.	_j Change	, Ш,	Addition
NAME					NDDDECC					
STREET ADDRESS					ADDRESS					1
CITY-ST-ZIP TITLE		DELETE	6.1 TI	TY-ST-: TLE	CIT'			Change	<u>. </u>	Addition
NAME	•	L VELETE	6.2 N				L	1 Outside		Julion
STREET ADDRESS					ADDRESS)
CITY-ST-ZIP				ITY-ST-						
14. I hereby ce	ertify that the information supplied with	this filing does not qualify for t	he exem	ption	stated in sec	ction 119.07(3)(i), Florida Statutes. I further c	ertify tha	at the info	ormation	n
indicated of	on this annual report or supplemental	annual report is true and accu	rate and	that r	my signature	e shall have the same legal effect as if made equired by Chapter 607, Florida Statutes; an	e under (oatn; tna	it i am	
	or Block 13 if changed, or on an att			1	.,				,,	