

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

0549433

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90072 041 \*\*\*150.00

DOCUMENT # **F98000002990**

1. Corporation Name

**DISCOUNTED LONG DISTANCE, INC.**

Principal Place of Business

**9040 EXECUTIVE PARK DR., STE 102  
KNOXVILLE TN 37923**

Mailing Address

**9040 EXECUTIVE PARK DR., STE 102  
KNOXVILLE TN 37923**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/26/1998**

4. FEI Number

**62-1523647**

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

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24**

**25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29**

**30**

9. Name and Address of Current Registered Agent

**CARTER, FORD  
499 NE 151ST TERRACE  
WILLISTON FL 32696**

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

*Christie Everett*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**5/31/99**

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **GEORGE, ROBERT**  
STREET ADDRESS **9040 EXECUTIVE PARK DR ST 102**  
CITY-ST-ZIP **KNOXVILLE TN**

TITLE **S** ☐ DELETE  
NAME **AKERS, MICHAEL**  
STREET ADDRESS **4721 SINGLETON STATION RD**  
CITY-ST-ZIP **LOUISVILLE TN**

TITLE **C** ☐ DELETE  
NAME **KELLER III, TILLMAN J**  
STREET ADDRESS **4721 SINGLETON STATION RD**  
CITY-ST-ZIP **LOUISVILLE TN**

TITLE **D** ☐ DELETE  
NAME **MENTZER, TOM**  
STREET ADDRESS **4721 SINGLETON STATION RD**  
CITY-ST-ZIP **LOUISVILLE TN**

TITLE **D** ☐ DELETE  
NAME **DEVOTO, MIKE**  
STREET ADDRESS **4721 SINGLETON STATION RD**  
CITY-ST-ZIP **LOUISVILLE TN**

TITLE **D** ☐ DELETE  
NAME **KELLER, VINCENT**  
STREET ADDRESS **4721 SINGLETON STATION RD**  
CITY-ST-ZIP **LOUISVILLE TN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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 all other like empowered.

SIGNATURE:

*Christie Everett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/31/99 (423) 970-5404**

CR2E034 (1/96)