


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

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FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90118 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000003163					
1. Corporation Name ETS PAYPHONES, INC.					
Principal Place of Business 561 THORNTON ROAD, SUITE K LITHIA SPRINGS GA 30122			Mailing Address 561 THORNTON ROAD, SUITE K LITHIA SPRINGS GA 30122		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/04/1998	
21		26		4. FEI Number 58-2131736	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	25	Country	29	30
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ETS PAYPHONES OF FLORIDA, INC. 230 PARNELL ST. MERRITT ISLAND FL 32953			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> DELETE				
NAME	EDWARDS, CHARLES E				
STREET ADDRESS	561 THORNTON ROAD, SUITE K				
CITY-ST-ZIP	LITHIA SPRINGS GA 30122				
TITLE	S <input type="checkbox"/> DELETE				
NAME	SHEPLER, JOAN				
STREET ADDRESS	561 THORNTON ROAD, SUITE K				
CITY-ST-ZIP	LITHIA SPRINGS GA 30122				
TITLE	T <input checked="" type="checkbox"/> DELETE				
NAME	BERTH, KEVIN CFP				
STREET ADDRESS	561 THORNTON ROAD, SUITE K				
CITY-ST-ZIP	LITHIA SPRINGS GA 30122				
TITLE	Committee, MARIO R. K <input type="checkbox"/> DELETE				
NAME	561 THORNTON ROAD, SUITE				
STREET ADDRESS	LITHIA SPRINGS, GA 30122-1558				
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME		CHIEF FINANCIAL OFFICER			
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

770-819-1600

Daytime Phone #

CR2E034 (1/1/98)