FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G50432** **(5)**

1. Corporation Name
PHONE ONE, INC.

Principal Place of Business
3625 QUEEN PALM DR.
TAMPA FL 33619
US

Mailing Address
3625 QUEEN PALM DR.
TAMPA FL 33619-1309
US

3. Date Incorporated or Qualified: **07/14/1983**
3a. Date of Last Report: **04/18/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2356208** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
KURLIN, PATRICIA ESQ.
3625 QUEEN PALM DR.
TAMPA FL 33619

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: Signature of a member or agent (Required if a change is made in the Registered Agent) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TUCK, TIMOTHY N.		1.2 NAME		
STREET ADDRESS	135 W. CENTRAL BLVD #1050		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	CEOD	☐ DELETE	2.1 TITLE	CEOD	☒ Change ☐ Addition
NAME	RUBERG, DARE		2.2 NAME	RUBERG, DAVID	
STREET ADDRESS	3625 QUEEN PALM DRIVE		2.3 STREET ADDRESS	3625 QUEEN PALM DRIVE	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	SD	☒ DELETE	3.1 TITLE	ST	☐ Change ☒ Addition
NAME	TOLLIER, RON		3.2 NAME	WILLIAMS, OSCAR	
STREET ADDRESS	3625 QUEEN PALM DRIVE		3.3 STREET ADDRESS	3625 QUEEN PALM DRIVE	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SAMSON, BARBARA		4.2 NAME		
STREET ADDRESS	3625 QUEEN PALM DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] 3/21/97 (813) 629-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #