

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



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

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90008 015 ***550.00

DOCUMENT # **G85016**

1. Corporation Name

TELEPHONE SERVICES, INC., OF FLORIDA

Principal Place of Business

6312 78TH STREET
RIVERVIEW FL 33569
US

Mailing Address

P.O. BOX 1484
BRANDON FL 33509-1484
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1984

4. FEI Number

59-2475150

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT COPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JORDAN, JOHN W II	
STREET ADDRESS	1751 LAKE COOK RD, STE 550	
CITY-ST-ZIP	DEERFIELD IL 60018	
TITLE	CSD	<input type="checkbox"/> DELETE
NAME	QUINN, THOMAS H	
STREET ADDRESS	20 S MAYFLOWER RD	
CITY-ST-ZIP	LAKE FOREST IL 60045	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ELIA, MICHAEL R	
STREET ADDRESS	1888 W FARM RD	
CITY-ST-ZIP	LAKE FOREST IL 60045	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MELECH, PAUL	
STREET ADDRESS	6605 78TH ST.	
CITY-ST-ZIP	RIVERVIEW-FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MURRAY, RAYMOND M	
STREET ADDRESS	6605 78TH ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	FISHER, G. ROBERT	
STREET ADDRESS	1030 W 59TH TERRACE	
CITY-ST-ZIP	KANSAS CI 64113	

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 checked="" type="checkbox"/> Addition
3.2 NAME	T
3.3 STREET ADDRESS	HENDERSON, EDWARD B.
3.4 CITY-ST-ZIP	6312 S. 78TH STREET RIVERVIEW, FL 33569
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD
4.3 STREET ADDRESS	6312 S. 78TH STREET
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	6312 S. 78TH STREET
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 in an attachment with an address.

SIGNATURE: *Edward B. Henderson* **Edward B. Henderson, Treasurer 7/27/99 (813) 671-2218**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0093589