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FILED

Apr 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # J54376 (5)

1. Corporation Name  
ETS PAYPHONES OF FLORIDA, INC.



Principal Place of Business  
149P S. RIDGEWOOD AVE.  
SUITE 710  
DAYTONA BEACH FL 32114

Mailing Address  
C/O ETS PAYPHONES, INC.  
561 THORNTON RD., STE. K  
LITHIA SPRINGS GA 30057

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1987

4. FEI Number

59-2131736

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 2552 WRENCREST CIRCLE

Suite, Apt. #, etc.

22 City & State

23 VALRICO, FL

24 Zip

25 33594

Country

26 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip

30

Country

9. Name and Address of Current Registered Agent

BARKIN, MARSHALL H ESQ.  
149-P S. RIDGEWOOD AVENUE  
SUITE 710  
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name

NORMAN C. MOORE

82 Street Address (P.O. Box Number is Not Acceptable)

2552 WRENCREST CIRCLE

83

84 City

VALRICO

FL

85 Zip Code

33594

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 Norman C Moore

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
EDWARDS, CHARLES E  
1956 WEST WESLEY ROAD  
ATLANTA GA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEC  
HALDI, GLENVILLE  
8800 ROSWELL RD. #F  
ATLANTA GA 30328

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

CHIEF FINANCIAL OFFICER  
KEVIN J. BORTH  
175 OAK STREET  
FAYETTEVILLE, GA

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 in an attachment with an address.

CR2E034 (10/97)