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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90186 041 \*\*\*150.00

DOCUMENT # J61947

1. Corporation Name

UNITED TELEPHONE LONG DISTANCE, INCORPORATED

Principal Place of Business

C/O JERRY JOHNS  
555 LAKE BORDER DRIVE  
APOPKA FL 32703

Mailing Address

903 E 104TH STREET  
KANSAS CITY MO 64131  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1987

4. FEI Number

59-2850488

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 2330 Shawnee Mission Pkwy.  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Westwood, KS

27 City & State

28

24 Zip

66205

Country

25 US

29 Zip

29

Country

30

9. Name and Address of Current Registered Agent

JOHNS, JERRY M.  
555 LAKE BORDER DRIVE  
APOPKA FL 32703

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  
NAME KELLEY, J DARRELL  
STREET ADDRESS 555 LAKE BORDER DRIVE  
CITY-ST-ZIP APOPKA FL

☐ DELETE

TITLE T  
NAME STANDJORD, M J  
STREET ADDRESS 2330 SHAWNEE MISSION PKWY  
CITY-ST-ZIP WESTWOOD KS 66205

☒ DELETE

TITLE AT  
NAME MYNATT, MICHAEL  
STREET ADDRESS 555 LAKE BORDER DRIVE  
CITY-ST-ZIP APOPKA FL 32703

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

P5

Jeff Wolf

555 Lake Border Drive

Apopka, FL 32703

AvP

Mark Beshears

903 E. 104th Street

Kansas City, mo 64131

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: X Mark Beshears

4/28/99

(816) 854-7611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)