

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J65776** (3)

1. Corporation Name

AMERICA'S ANSWERING SERVICE, INC.



Principal Place of Business

**% C. RICHARD EMBERSON
7901 BAYMEADOWS WAY, STE 14
JACKSONVILLE FL 32256**

Mailing Address

**% C. RICHARD EMBERSON
7901 BAYMEADOWS WAY, STE 14
JACKSONVILLE FL 32256**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**EMBERSON, C. RICHARD
7901 BAYMEADOWS WAY
SUITE 14
JACKSONVILLE FL 32216**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
04/06/1987

3a. Date of Last Report
06/21/1995

4. FFI Number
59-2798244

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

10. Name and Address of New Registered Agent

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 shall be applicable

(NOTE: Registered Agent Signature required when new agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	EMBERSON, C. RICHARD	
STREET ADDRESS	7901 BAYMEADOWS WAY #14	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	PST	<input type="checkbox"/> DELETE
NAME	EMBERSON, NANCY S.	
STREET ADDRESS	7901 BAYMEADOWS WAY #14	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EMBERSON, DAVID R	
STREET ADDRESS	7901 BAYMEADOWS WAY STE 14	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EMBERSON, HARRY C	
STREET ADDRESS	7901 BAYMEADOWS WAY STE 14	
CITY- ST- ZIP	JACKSONVILLE F	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RIDENHOUR, ALISON E	
STREET ADDRESS	7901 BAYMEADOWS WAY STE 14	
CITY- ST- ZIP	JACKSONVILLE FL	
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 type="checkbox"/> Addition
4.2 NAME	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. S. EMBERSON

3/25/96

904 737-0234

CR2E034 (12/95)