## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J73364 1. Corporation Name

AATA TELEPHONE, INC.

Principal Place	of Business	Mailing Address				
•		3063 CONNECTICUT AVE	063 CONNECTICUT AVE			
3063 CONNECTICUT AVE NAPLES FL 34112 NAPLES FL 34112						
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						05/18/1987
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26				59-2805545 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional
22	د					
City & Stat	e · · ·	City & State				6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	untry		This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
<del>"</del> -1	9. Name and Address of Curr	rent Registered Agent		L		10. Name and Address of New Registered Agent
				81	Name	
STASKO, THOMAS A.				82 Street Address (P.O. Box Number is Not Acceptable)		
	CONNECTICUT AVE		02		Ollectria	alloss (i .c. box remoti is not not passe)
NAPLES FL 34112				83		
				L		los / Zio Codo
				84	City	FL 85 Zip Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obl	ate of Florida, Such change was igations of, Section 607.0505, Fl	autnorize orida Sta	a by tutes	ine corpora	propration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP -	☐ DELETE	1.1 T			☐ Change ☐ Addition
NAME	STASKO, THOMAS A.		1.2 N	1.2 NAME		
	ACCO CONNECTICUE AVE			1.3 STREET ADDRESS		
STREET ADDRESS	NAPLES FL 34112		1.4 CITY-ST-ZIP			
CITY-ST-ZIP	NAPLES PL 34112			ITLE	1-21	☐ Change ☐ Addition
TITLE				IAME		_ , _
NAME						
STREET ADORESS					TADORESS !	
CITY-ST-ZIP	☐ DELETE		_	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE	rain magazingal, tag	C DECETE				Johnson J. Commission of the C
NAME				IAME		
STREET ADDRESS			3.3 S	TREE	T ADDRESS	
CiTY-ST-ZIP			_	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			4.1 T	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 1	NAME		
STREET ADORESS		,	4.3 9	TREE	T ADDRESS	
CITY-ST-ZIP			4.4 (	CITY-S	T-ZIP	
TITLE		☐ DELETÉ	5.1 7	MLE		☐ Change ☐ Addition
NAME			5.2	NAME	ŀ	• •
STREET ADDRESS			5.3 5	STREE	TADDRESS	
CITY-ST-ZIP			5.4 0	JTY-S	ST-ZIP	
TITLE		☐ DELETE	6.11	TITLE		· Change Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Stasko

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90053 023 \*\*\*150.00