

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N17880 (8)

1. Corporation Name

VOCAL, INC.

Principal Place of Business

Mailing Address

C/O PATRICIA E. COOK
113 LEWIS DRIVE
PERRY FL 32347
US

C/O PATRICIA E. COOK
113 LEWIS DRIVE
PERRY FL 32347
US

3. Date Incorporated or Qualified

11/20/1986

3a. Date of Last Report

11/03/1995

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOK, PATRICIA E
113 LEWIS DR
PERRY FL 32347

81 Name

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

83

1000001742481
-03/14/96-01001-011

84 City

*****61.25 ***61.25
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COOK, PATRICIA E	
STREET ADDRESS	113 LEWIS DRIVE	
CITY - ST - ZIP	PERRY FL 32347	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEOPOLD, PEGGY	
STREET ADDRESS	1169 SUNLIGHT COURT	
CITY - ST - ZIP	ST. CLOUD FL 34770	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEOPOLD, BOB	
STREET ADDRESS	1169 SUNLIGHT COURT	
CITY - ST - ZIP	ST. CLOUD FL 34770	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Peggy Leopold	
1.3 STREET ADDRESS	1169 Sunlight Court	
1.4 CITY - ST - ZIP	St Cloud FL 34770	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PATRICIA E Cook	
2.3 STREET ADDRESS	113 LEWIS DR	
2.4 CITY - ST - ZIP	PERRY FL 32347	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bob Leopold	
3.3 STREET ADDRESS	1169 Sunlight Court	
3.4 CITY - ST - ZIP	St Cloud FL 34770	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wynona Day	
4.3 STREET ADDRESS	418 W 32nd Av. West	
4.4 CITY - ST - ZIP	Brenton FL 33509	
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 617, 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

Date

Daytime Phone #

3-12-96 904-584-4678

CR2E037 (12/95)