FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P11407** **(4)**

1. Corporation Name
ELCOTEL, INC.

Principal Place of Business	Mailing Address
6428 PARKLAND DRIVE SARASOTA FL 34243	6428 PARKLAND DRIVE SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/10/1986**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-2518405** ☐ 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

9. Name and Address of Current Registered Agent

GRAY, TRACEY L
6428 PARKLAND DRIVE
SARASOTA FL 34243

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	QUIROS, ALVARO	12 NAME	QUIROS, ALVARO	
STREET ADDRESS	1811 SOUTHPOINTE DRIVE	13 STREET ADDRESS	3702 SPYGLASS HILL ROAD	
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	SARASOTA, FL	
TITLE	VTS	21 TITLE		☐ Change ☐ Addition
NAME	TOBIN, RONALD M	22 NAME		
STREET ADDRESS	4086 VIA MIRADA	23 STREET ADDRESS		
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	GRAY, TRACEY L	32 NAME		
STREET ADDRESS	5818 LONGBOAT BLVD	33 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SUPLEE, RAYMOND T.	42 NAME		
STREET ADDRESS	1770 WOOD STREET	43 STREET ADDRESS		
CITY ST ZIP	SARASOTA FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	PATTON, THOMAS E.	52 NAME		
STREET ADDRESS	1178 HUNTOVER CT.	53 STREET ADDRESS		
CITY ST ZIP	MCLEAN VA	54 CITY ST ZIP		
TITLE	CD	61 TITLE		☐ Change ☐ Addition
NAME	JAMES, C SHELTON	62 NAME		
STREET ADDRESS	4101 N. OCEAN BLVD., APT.405	63 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL	64 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)(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.

SIGNATURE: _____ 4-24-95 (813) 758-0889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0346666 CP