

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

FILED  
May 13 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P11407** (4)  
1. Corporation Name  
**ELCOTEL, INC.**

Principal Place of Business  
**6428 PARKLAND DRIVE  
SARASOTA FL 34243**

Mailing Address  
**6428 PARKLAND DRIVE  
SARASOTA FL 34243**



DO NOT WRITE IN THIS SPACE

|   |                        |   |  |  |  |
|---|------------------------|---|--|--|--|
| 2. Principal Place of Business                  |                        | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified<br><b>09/10/1986</b> |  |
| 21 Suite, Apt. #, etc.                          | 26 Suite, Apt. #, etc. | 4. FEI Number<br><b>59-2518405</b>  |  | Applied For<br>Not Applicable                          |  |
| 22 City & State                                 | 27 City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                       |  | <b>\$8.75 Additional Fee Required</b>                  |  |
| 23 Zip  | 28 Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>                     |  |
| 24 Zip  | 25 Country             | 29 Zip  |  | 30 Country   |  |
| 9. Name and Address of Current Registered Agent |                        |   |  | 10. Name and Address of New Registered Agent           |  |

**GRAY, TRACEY L  
6428 PARKLAND DRIVE  
SARASOTA FL 34243**

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 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | VT <input type="checkbox"/> DELETE           | 1.1 TITLE   | VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TOBIN, RONALD M                              | 1.2 NAME  | Tobin, Ronald M.  |
| STREET ADDRESS             | 4086 VIA MIRADA                              | 1.3 STREET ADDRESS                                    | 6466 Sweetmeadow Circle   |
| CITY-ST-ZIP                | SARASOTA FL                                  | 1.4 CITY-ST-ZIP                                       | Sarasota, FL 34238  |
| TITLE                      | PD <input type="checkbox"/> DELETE           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | GRAY, TRACEY L                               | 2.2 NAME  |   |
| STREET ADDRESS             | 5818 LONGBOAT BLVD                           | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TAMPA FL                                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | SUPLEE, RAYMOND T.                           | 3.2 NAME  | CHARLES H. MOORE  |
| STREET ADDRESS             | 800 S OSPREY AVE BLDG A                      | 3.3 STREET ADDRESS                                    | 630 HIGHLAND ROAD   |
| CITY-ST-ZIP                | SARASOTA FL                                  | 3.4 CITY-ST-ZIP                                       | ITHACA, NY 14850  |
| TITLE                      | D <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | PATTON, THOMAS E.                            | 4.2 NAME  |   |
| STREET ADDRESS             | 1178 HUNTOVER CT.                            | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MCLEAN VA                                    | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | CD <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | JAMES, C SHELTON                             | 5.2 NAME  |   |
| STREET ADDRESS             | 310 E ROYAL PALM RD                          | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BOCA RATON FL                                | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |   |

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.

SIGNATURE:

Ronald M. Tobin VT 3-27-98 941-758-0389

CR2E034 (10/97)