

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

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Apr 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34768 (2)  
1. Corporation Name  
PHONE ZONE, INC.

Principal Place of Business  
601 WEST MORGAN  
JACKSONVILLE IL 62650

Mailing Address  
601 WEST MORGAN  
JACKSONVILLE IL 62650-2425



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/23/1991	3a. Date of Last Report 08/08/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 37-1297845	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PRENTICE-HALL CORPORATION SYSTEMS 1201 HAYS ST. TALLAHASSEE FL 32301		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	VP	1.1 TITLE	VP
NAME	KEMP, JR. R	1.2 NAME	RAMMELKAMP, T C
STREET ADDRESS	601 WEST MORGAN	1.3 STREET ADDRESS	601 W. MORGAN
CITY-ST-ZIP	JACKSONVILLE IL	1.4 CITY-ST-ZIP	JACKSONVILLE, IL
TITLE	S	2.1 TITLE	
NAME	WILLNER, MICHELE	2.2 NAME	
STREET ADDRESS	RR #5	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	HAYES, MICHAEL E	3.2 NAME	
STREET ADDRESS	18 GREENBRIAR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE IL 62650	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	RAMMELKAMP, JR. T	4.2 NAME	
STREET ADDRESS	601 WEST MORGAN	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE IL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: 

3-25-1997

(217) 243-4391

CR2E034 (9/96)