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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

DAVELTEL, INC.

**FILED** Jan 22 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address |                          |  |              |   |                                   |  |  |  |
|---|--------------------------|--|--------------|---|-----------------------------------|--|--|--|
|   |                          |  |              |   |                                   |  |  | 601 WEST MORGAN JACKSONVILLE IL 62650  GOT WEST MORGAN JACKSONVILLE IL 62650 |
|   |                          |  |              | 3. Date Incorporated or Qualified   |                                   |  |  |  |
| 2. Principal Place of Business              | 2a. Mailing Address      | 1  | $\alpha M$   | 4. FEI Number   | Applied For                       |  |  |  |
| 21 1429 Massaro B                           |                          | <u>lassaro</u>                               | Blud         | 37-1297845  | Not Applicable                    |  |  |  |
| Suite, Apt. #, etc.                         | Suite, Apt. #, etc.      |  |              | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required |  |  |  |
| city & State  23 Jampa, FLoric              | da 28 Tampa              | Flori  | da           | 6. Election Campaign Financing Trust Fund Contribution                    | \$5.00 May Be<br>Added to Fees    |  |  |  |
| Zip 33619 Country 25                        | <sup>2φ</sup> 33619      | Country<br>30                                |              | This corporation owes or has paid the opersonal Property Tax due June 30. | current year Intangible           |  |  |  |
| 9. Name and Address of                      | Current Registered Agent | 10. Name and Address of New Registered Agent |              |   |                                   |  |  |  |
| PRENTICE-HALL CORPORATION 1201 HAYS ST.     | on systems               | 81   | Name         |   |                                   |  |  |  |
| TALLAHASSE FL 32301                         |                          | 82   | Street Addre | Street Address (P.O. Box Number is Not Acceptable)                        |                                   |  |  |  |
|   |                          | 83   |              |   |                                   |  |  |  |
|   |                          | 84   | City         | F   | 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

|                | im tamiliar with, and accept the obligations of, Se                   | 11,0000,100 (1010). | orida diatates.               |                            |                       |           |
|----------------|---|---------------------|-------------------------------|----------------------------|-----------------------|-----------|
| SIGNATURE      | Signature, typed or printed name of registered agent and title if ap- | plicable (NOI       | E Flegislared Agent signature | required when reinstating) | DATE                  |           |
| 12.            | OFFICERS AND DIRECTO  | RS                  | 13.                           | ADDITIONS/CHANGES TO (     | OFFICERS AND DIRECTOR | S IN 12   |
| TITLE          | VP  | DELETE              | 1.1 TITLE                     | President.                 | Change                | Additio   |
| NAME           | RAMMELKAMP, T.C.  |                     | 1.2 NAME                      | David, Hill                | •                     |           |
| STREET ADORESS | 601 W. MORGAN   |                     | 1.3 STREET ADDRESS            | 601 W. Morgan              |                       |           |
| CITY-ST-ZIP    | JACKSONVILLE IL   |                     | 1.4 CITY - ST - ZIP           |                            | 2650                  |           |
| TITLE          | 8   | ☐ D£LET <b>£</b>    | 2.1 TITLE                     |                            | ☐ Change              | ☐ Additio |
| 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          |   | DELETE              | 3.1 TITLE                     |                            | Change                | Additio   |
| 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  | DELETE              | 4.1 TITLE                     |                            | ☐ Change              | Additio   |
| 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          |   | DELETE              | 5.1 TITLE                     |                            | ☐ Change              | Additio   |
| NAME           |   |                     | 5 2 NAME                      |                            |                       |           |
| STREET ADDRESS |   |                     | 5.3 STREET ADDRESS            |                            |                       |           |
| CITY-ST-ZIP    |   |                     | 5.4 CiTY-ST-ZIP               |                            |                       |           |
| TITLE          |   | DELETE              | 61 TITLE                      |                            | Change                | Additio   |
| NAME           |   |                     | 6.2 NAME                      |                            |                       |           |
| STREET ADORESS |   |                     | 6.3 STREET ADDRESS            |                            |                       |           |
| CITY-ST.7IP    |   |                     | SA CITY, ST. 7IP              |                            |                       |           |

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 supplimental 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:

Mikelo William