

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P34768

Corporation Name  
DAVELTEL, INC.

RECEIVED JAN 05 1999

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90035 034 \*\*\*150.00



Principal Place of Business

Mailing Address

ACCOUNTS PAYABLE

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BOX 1297

P.O. BOX 1297

MANGO FL 33550-1297

MANGO FL 33550-1297

US

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1991

4. FEI Number

37-1297845

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 1429 Massara Blvd

26 1429 Massara Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Tampa FL

28 Tampa FL 33619

Zip Country

Zip Country

24 33619

25 Hillsborough

29 33619

30 Hillsborough

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  
NAME RAMMELKAMP, T.C.  
STREET ADDRESS 601 W. MORGAN  
CITY-ST-ZIP JACKSONVILLE IL

1.1 TITLE

Secretary

Change Addition

TITLE S  
NAME WILLNER, MICHELE  
STREET ADDRESS RR #5  
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE

Change Addition

TITLE T  
NAME HAYES, MICHAEL E  
STREET ADDRESS 18 GREENBRIAR  
CITY-ST-ZIP JACKSONVILLE IL 62650

3.1 TITLE

1429 Massara Blvd  
Tampa FL 33619

Change Addition

TITLE P  
NAME HILL, DAVID  
STREET ADDRESS 601 WEST MORGAN  
CITY-ST-ZIP JACKSONVILLE IL 62650

4.1 TITLE

1429 Massara Blvd  
Tampa FL 33619

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

813-623-3545

CR2E034 (11/98)