

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P39193 (8)

1. Corporation Name

CENTRAL PAYPHONE SERVICES, INC.

Principal Place of Business

Mailing Address

1150 NORTHMEADOW PARKWAY, #118
ROSWELL GA 30026

1150 NORTHMEADOW PARKWAY, #118
ROSWELL GA 30026

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/10/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

58-1691367

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

23

City & State

ATLANTA, GA.

24

Zip

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDC
NAME COLBERT, TERRY L.
STREET ADDRESS 1150 NORTHMEADOW PKWY118
CITY - ST - ZIP ROSWELL GA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VT
NAME AL DISTEFANO
STREET ADDRESS 1150 NORTHMEADOW PKWY118
CITY - ST - ZIP ROSWELL GA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

VT RAYMOND L. BROWN
1150 NORTHMEADOW PKWY 118
ROSWELL, GA

☒ Change ☐ Addition

TITLE V
NAME BEARY, JAMES M.
STREET ADDRESS 1150 NORTHMEADOW PKWY118
CITY - ST - ZIP ROSWELL GA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

V BARRY E. BELVIDGE
1150 NORTHMEADOW PKWY 118
ROSWELL, GA

☒ Change ☐ Addition

TITLE D
NAME FISHER, ROBERT C. JR.
STREET ADDRESS 310, 25TH AVE. N. #103
CITY - ST - ZIP NASHVILLE TN

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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:

Mohamed Sawani AUTH AGENT

4/25/95 (404) 458-1050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Area #