FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000006000 (3)**

1. Corporation Name

ANSWER PHONE OF AMERICA, INC.

Principal Place of Business	Mailing Address
1045 RIVERSIDE AVE. SUITE 300 JACKSONVILLE FL 32204	1045 RIVERSIDE AVE. SUITE 300 JACKSONVILLE FL 32204

3. Date Incorporated or Qualified: **11/19/1992**

3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business
21: 711 MARGARET ST
Suite, Apt. #, etc.
22:
City & State
23: JACKSONVILLE, FL
Zip
24: 32204
Country
25: DUVAL

2a. Mailing Address
26: 711 MARGARET ST
Suite, Apt. #, etc.
27:
City & State
28: JACKSONVILLE, FL
Zip
29: 32204
Country
30: DUVAL

4. FEI Number: **59-3157873** ☐ 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

9. Name and Address of Current Registered Agent

SCARBOROUGH, JOHN R
7144 JUBAL LANE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

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: John R Scarborough — DATE: 5-18-96

Signature, typed or printed name of registered agent and title if applicable — Registered Agent's signature required when mailed/faxed

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCARBOROUGH, DAN I		1.2 NAME		
STREET ADDRESS	7144 JUBAL LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCARBOROUGH, VIRGINIA		2.2 NAME		
STREET ADDRESS	7144 JUBAL LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEONARD, VICKI		3.2 NAME		
STREET ADDRESS	6374 TOWNSEND RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRE	ANSW045 322042B41 1C95 01/18/96				
CITY-ST-ZIP	NOTIFY SENDER OF NEW ADDRESS				
TITLE	:ANSWER PHONE INC				☐ Change ☐ Addition
NAME	711 MARGARET ST				
STREET ADDRE	JACKSONVILLE FL 32204-3221				
CITY-ST-ZIP					
TITLE					☐ Change ☐ Addition
NAME					
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Dan I Scarborough — 5/15/96 — 904-355-366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #