

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

FILED

Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000006000 (3)

ANSWER PHONE OF AMERICA, INC.



Principal Place of Business
711 MARGARET STREET
JACKSONVILLE FL 32204
US

Mailing Address
711 MARGARET STREET
JACKSONVILLE FL 32204-3221
US

3. Date Incorporated or Qualified 11/19/1992
3a. Date of Last Report 05/28/1996
4. FEI Number 59-3157873
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No
10. Name and Address of New Registered Agent

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 County
24
2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
SCARBOROUGH, JOHN R
7144 JUBAL LANE
JACKSONVILLE FL 32210

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Subchapter 199.032, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to that 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 NAME	P SCARBOROUGH, DAN I	11.1 NAME	
11.2 STREET ADDRESS	7144 JUBAL LN	11.2 STREET ADDRESS	
11.3 CITY-STATE-ZIP	JACKSONVILLE FL 32210	11.3 CITY-STATE-ZIP	
11.4 TITLE	V	11.4 TITLE	
11.5 NAME	SCARBOROUGH, VIRGINIA	11.5 NAME	
11.6 STREET ADDRESS	7144 JUBAL LN	11.6 STREET ADDRESS	
11.7 CITY-STATE-ZIP	JACKSONVILLE FL 32210	11.7 CITY-STATE-ZIP	
11.8 TITLE	ST	11.8 TITLE	
11.9 NAME	LEONARD, VICKI	11.9 NAME	
11.10 STREET ADDRESS	6374 TOWNSEND RD.	11.10 STREET ADDRESS	
11.11 CITY-STATE-ZIP	JACKSONVILLE FL 32210	11.11 CITY-STATE-ZIP	
11.12 TITLE		11.12 TITLE	
11.13 NAME		11.13 NAME	
11.14 STREET ADDRESS		11.14 STREET ADDRESS	
11.15 CITY-STATE-ZIP		11.15 CITY-STATE-ZIP	
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11.97 NAME		11.97 NAME	
11.98 STREET ADDRESS		11.98 STREET ADDRESS	
11.99 CITY-STATE-ZIP		11.99 CITY-STATE-ZIP	
11.100 TITLE		11.100 TITLE	

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14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made by the person named in Block 12 or 13. I am not a director or officer of the corporation named herein, and I am not a shareholder of the corporation named herein.

SIGNATURE: *[Signature]* Dan I. Scarborough, President
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR