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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P92000006000 (3)**

1. Corporate Name
ANSWER PHONE OF AMERICA, INC.

Principal Place of Business	Mailing Address
711 MARGARET STREET JACKSONVILLE FL 32204 US	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**	☐ 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. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

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 Section 607.0505, 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
7 TITLE	P ☐ DELETE	9 TITLE	☐ Change ☐ Add
8 NAME	SCARBOROUGH, DAN I	10 NAME	
9 STREET ADDRESS	7144 JUBAL LN	11 STREET ADDRESS	
10 CITY-ST-ZIP	JACKSONVILLE FL 32210	12 CITY-ST-ZIP	
11 TITLE	V ☐ DELETE	13 TITLE	☐ Change ☐ Add
12 NAME	SCARBOROUGH, VIRGINIA	14 NAME	
13 STREET ADDRESS	7144 JUBAL LN	15 STREET ADDRESS	
14 CITY-ST-ZIP	JACKSONVILLE FL 32210	16 CITY-ST-ZIP	
15 TITLE	ST ☐ DELETE	17 TITLE	☐ Change ☐ Add
16 NAME	LEONARD, VICKI	18 NAME	
17 STREET ADDRESS	6374 TOWNSEND RD.	19 STREET ADDRESS	
18 CITY-ST-ZIP	JACKSONVILLE FL 32210	20 CITY-ST-ZIP	
19 TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Add
20 NAME		22 NAME	
21 STREET ADDRESS		23 STREET ADDRESS	
22 CITY-ST-ZIP		24 CITY-ST-ZIP	
23 TITLE	☐ DELETE	25 TITLE	☐ Change ☐ Add
24 NAME		26 NAME	
25 STREET ADDRESS		27 STREET ADDRESS	
26 CITY-ST-ZIP		28 CITY-ST-ZIP	
27 TITLE	☐ DELETE	29 TITLE	☐ Change ☐ Add
28 NAME		30 NAME	
29 STREET ADDRESS		31 STREET ADDRESS	
30 CITY-ST-ZIP		32 CITY-ST-ZIP	
		000002131280 -04/02/97--01061--018 ***165.00	☐ Change ☐ Add

14. For profit corporations only. Pursuant to Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental requirement concerning the business activity conducted on or from my principal place of business is true and accurate and that my signature shall have the same legal effect as if made under oath; I am a director or officer 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 added by amendment, or is otherwise entered or changed pursuant to s. 607.0502, Florida Statutes.

SIGNATURE: CLIENT COPY Dan I. Scarborough, President 4-1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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