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PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
Jun 19 1997 8:00am
Secretary of State

DOCUMENT # **P94000021661 (1)**
Corporation Name
SPRINT PAYPHONE SERVICES, INC.

[redacted]

Principal Place of Business	Mailing Address
S. NORTHLAKE BLVD. E 1000 MONTE SPRINGS FL 32701	750 S. NORTHLAKE BLVD. SUITE 1000 ALTAMONTE SPRINGS FL 32701-6745

Principal Place of Business	2a. Mailing Address
ite, Apt. #, etc.	Suite, Apt. #, etc.
y & State	City & State
Country	Zip / Country

3. Date Incorporated or Qualified: 03/21/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3268090 ☐ 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

TWILLEY, RICHARD G
750 S. NORTHLAKE BLVD.
SUITE 1000
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: David Roseman
82 Street Address (P.O. Box Number is Not Acceptable): 750 S Northlake Dr, Ste 1000
83
84 City: Altamonte Springs FL 85 Zip Code: 32701

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: DAVID W. ROSEMAN — 6/4/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D MCCARTHY, MICHAEL 655 LAKE BORDER DR APOPKA FL 32703	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
DS JOHNS, JERRY M 655 LAKE BORDER DR. APOPKA FL 32703	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
D HODGE, RALPH 2330 SHAWNEE MISSION PARKWAY WESTWOOD KS 66205	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
P TWILLEY, RICHARD G 750 S. NORTHLAKE BLVD. STE. 1000 ALTAMONTE SPRINGS FL 32701	☑ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☑ Addition D Roseman, David ~~655 Lake Border Dr~~ 750 S. Northlake Dr Suite 1000 ~~Apopka, FL 32703~~ Altamonte Springs, FL
	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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6/19/97

CR2E034 (9/96)

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.

SIGNATURE: JERRY M. JOHNS, DIR/SEC. 6-6-97 407-889-6016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #