

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 # P94000047679 (3)

1. Corporation Name

CALL-1-800, INC.

Principal Place of Business

Mailing Address

1055 S TAMiami TRAIL
204
SARASOTA FL 34236
US

P O BOX 49828
SARASOTA FL 34230
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LEWIS, JERRY D
1055 S TAMiami TRAIL
SUITE 204
SARASOTA FL 34236

3. Date Incorporated or Qualified

06/27/1994

3a. Date of Last Report

02/13/1995

4. FEI Number

65-0506260

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when this statement is filed)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
LEWIS, JERRY D
STREET ADDRESS 1055 S TAMiami TRAIL, STE 204
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME VTD
BREWER, MELVIN C
STREET ADDRESS 3755 E 82ND ST
CITY-ST-ZIP INDIANAPOLIS IN

TITLE ☐ DELETE

NAME VD
BRUCE, WILLIAM F
STREET ADDRESS 4332 CAMINO MADERA
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME VSD
HERRIG, STEVEN F
STREET ADDRESS 7150 RUSTIC ACRES
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME VD
MILLER, MARK A
STREET ADDRESS 9614 N CARROLLTON
CITY-ST-ZIP INDIANAPOLIS IN

TITLE ☐ DELETE

NAME D
DAVE STEWART
STREET ADDRESS 1255 RIEGELS LANDING DR.
CITY-ST-ZIP SARASOTA, FLORIDA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

27 NAME

28 STREET ADDRESS

29 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/96 (941) 365-0605

CR2E034 (12/95)