

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:33

DOCUMENT # P94000050758 (9)

1. Corporation Name

PAY TELEPHONE SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

604 PHEASANT AVE.
LONGWOOD FL 32750

Mailing Address

604 PHEASANT AVE.
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1994

3a. Date of Last Report

2. Principal Place of Business

21 410 Sweet Bay Dr
Suite, Apt. #, etc.

2a. Mailing Address

26 1052 MONTGOMERY RD
Suite, Apt. #, etc.

4. FEI Number

59-3248595

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

6. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

23 City & State
Longwood FL

28 City & State
Altamonte Springs FL

24 Zip
32779

25 Country
USA

29 Zip
32714

30 Country
USA

9. Name and Address of Current Registered Agent

GALAN, BETH
604 PHEASANT AVE.
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

410 Sweet Bay Dr

84 City

Longwood

FL

85 Zip Code

32779

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 of Registered Agent or Registered Agent and the Corporation)

(Signature of Registered Agent or Registered Agent and the Corporation)

(Date)

12. OFFICERS AND DIRECTORS

1 NAME
D GALAN, BETH
STREET ADDRESS
604 PHEASANT AVE.
CITY, ST, ZIP
LONGWOOD FL 32750

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 410 Sweet Bay Dr

1.4 CITY, ST, ZIP LONGWOOD FL 32779

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(b), 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 in a statement with additions.

SIGNATURE:

Beth Galan President BETH GALAN 4/27/95

407 768 2159

(Signature and Typed or Printed Name of Signing Officer or Director)

(Date)

(Telephone Number)