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 # **P94000068178 (0)**

1. Corporation Name

LONG DISTANCE SAVERS, INC.

Principal Place of Business	Mailing Address
5499 N. FEDERAL HWY.. SUITE E BOCA RATON FL 33487	5499 N. FEDERAL HWY.. SUITE E BOCA RATON FL 33487

3. Date Incorporated or Qualified: 09/13/1994
3a. Date of Last Report: 03/31/1995

2. Principal Place of Business
21: 801 N. 3leat St
22: Suite, Apt. #, etc.
23: City & State: Monroe LA.
24: Zip: 71203
25: Country: USA

2a. Mailing Address
26: PO Box 8160
27: Suite, Apt. #, etc.
28: City & State: Monroe LA
29: Zip: 71211
30: Country: USA

4. FEI Number: 65-0535263 ☐ 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

FERK, LARRY D
5499 N. FEDERAL HWY., SUITE E
BOCA RATON FL 33487

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 changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NOLAN, FREDDY		1.2 NAME		
STREET ADDRESS	801 N. 31ST STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MONROE LA 71201		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHELETTE, CHRIS		2.2 NAME		
STREET ADDRESS	801 N. 31ST STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MONROE LA 71201		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DEBNAM, TERRI		3.2 NAME		
STREET ADDRESS	500 N. 7TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST MONROE LA 71291		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FERK, LARRY D		4.2 NAME		
STREET ADDRESS	691 N.E. 29TH PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Chris Chelette 3-20-96 318-323-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #