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FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
801 N 31ST ST
MONROE LA 71203
US

Mailing Address
PO BOX 8160
MONROE LA 71211-8160
US

3. Date Incorporated or Qualified
09/13/1994

3a. Date of Last Report
04/03/1996

4. FEI Number
65-0535263

Applied For
☐ 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

21. State, Apt. #, etc.
22. City & State
23. Zip Country
24. 25. 26. 27. 28. 29. 30.

2a. Mailing Address

26. State, Apt. #, etc.
27. City & State
28. Zip Country
29. 30.

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 and printed name of registered agent and tax if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

14. I do 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: 3-14-97 318-323-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)