PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000074426 (5)

CALL AMERICA LONG DISTANCE, INC.

Principal Place of Business Mailing Address 8421 BAYMEADOWS WAY 8421 BAYMEADOWS WAY JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 2a. Mailing Address

FILED

98 OCT 20 PM 1:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Applied For



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1994

4. FEI Number

Suite, Apt. #, etc. Suite, Apt. #, etc.	21		26		59-3272242	Not Applicable	
City & State 23 City & State 25 City & State 26 City & State 27 Country 28 Country 29 Country 29 Country 29 Country 29 Country 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired	T	
Zip			- 		3. Certificate of Clares Desired	 	
Zip Country Zip Country Zip Country 8. This corporation wows or has paid the current year Intendible Personal Property Tax dut a June 30. Zip		е .	⊢ .				
28			1=-1				
PERKINS, RENDA J 3421 BAYMEADOWS WAY JACKSONVILLE FL 32256 11. Pursuant to the provisions of sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation sumbits this statement for the purpose of changing its registered of line or registered agent and active the objections of sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation sumbits this statement for the purpose of changing its registered office or registered agent and active the objections of section 607,0502 and 607,1508, Florida Statutes, the above-named corporation sumbits this statement for the purpose of changing its registered office or registered agent and active the objections of section 607,0503, Florida Statutes, agent. Jan amiliar with amil		 , '	⊢	¬ '	· _ · ·		
PERKINS, BRENDA J 8421 BAYMEADOWS WAY JACKSONVILLE FL 32256 83 8421 Baymeadows Way 84 City Jacksonville FL 85 Zip Code 85 86 City Jacksonville FL 85 Zip Code 87 88 City Jacksonville FL 85 Zip Code 88 City Jacksonville FL 85 Zip Code 89 City Jacksonville FL 85 Zip Code 80 City Sip City	24			0			
## Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)			Registered Agent	81 Name	Tu. Name and Address of New Registered	Agent	
Signature, upper offended name of registered agent of total, in the State of Florida, Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida, Succidental period office or registered agent, for both, in the State of Florida, Succidental period office or registered agent, for both, in the State of Florida, Succidental period office or registered agent, and the state of Florida, Succidental period office or registered agent, and accept the obligations of, seed of 07,0505, Florida Statutes. SIGNATURE							
R3				82 Street Address (P.O. Box Number is Not Acceptable)			
B4 City	JACI	RSUNVILLE FL 32256		93			
State Stat							
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 agent, and agent of 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 and in a familiar with, and accept the objections of, seather 607.0505, Florida Statutes. SIGNATURE Signature, types of protein fame of registered agent and till by statute. (NOTE, Registered Agent signature required when reinstating) DATE				84 City Tacksonville Es Zip Code			
SIGNATURE Signature, typed of princing name of registerined agent and tile of significations (NOTE, Registered Agent algenture required when reintesting) DATE				<u>† </u>	1 L		
SIGNATURE Signature, typed of princing name of registerined agent and tile of significations (NOTE, Registered Agent algenture required when reintesting) DATE	11. Pursuant office or	to the provisions of sections 607,0502 registered agent for both, in the State of	and 607.1508, Florida Statutes, Florida. Such change was aut	the above-named corpo horized by the corporati	pration submits this statement for the purpose of cl ion's board of directors. I hereby accept the appoi	nanging its registered introduced	
Stynature, typed offerinded name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.						
12. OFFICERS AND DIRECTORS TITLE DPERKINS, BRADA J STREET ADDRESS CITY-ST-ZP JACKSONVILLE FL 32256 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE DELETE DELETE 2 ' TITLE 2 ' STREET ADDRESS CITY-ST-ZP TITLE NAME 3 ' STREET ADDRESS CITY-ST-ZP TITLE NAME 3 ' STREET ADDRESS CITY-ST-ZP TITLE NAME 3 ' STREET ADDRESS CITY-ST-ZP TITLE NAME 4 ' STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE DELETE STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS	SIGNATURE	Mm W.	m				
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14. 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.