

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:53

DOCUMENT # P94000075435 (5)

1. Corporation Name

DIGITAL CALL ALERT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**425 PENINSULAR DRIVE
LAKELAND FL 33813**

Mailing Address

**425 PENINSULAR DRIVE
LAKELAND FL 33813**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/13/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3274329

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. 189.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **JAMES R HICKS**
82 Street Address (P.O. Box Number is Not Acceptable)
425 PENINSULAR DR
83 **LAKELAND**
84 City **LAKELAND** FL 85 Zip Code **33813**

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 607.0905, Florida Statutes.

SIGNATURE

James R Hicks **TREASURER**

4/24/95

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HICKS, JERRY
STREET ADDRESS	4683 BERWYN COURT
CITY - ST - ZIP	PALM HARBOR FL 34685
TITLE	D
NAME	DOBBIN, LORRAINE
STREET ADDRESS	516 OAK CREEK DRIVE
CITY - ST - ZIP	BRANDON FL 33511
TITLE	D
NAME	HICKS, JIM
STREET ADDRESS	425 PENINSULAR DRIVE
CITY - ST - ZIP	LAKELAND FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HICKS, JERRY
1.3 STREET ADDRESS	4683 BERWYN COURT
1.4 CITY - ST - ZIP	PALM HARBOR, FL 34685
2.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOBBIN, LORRAINE
2.3 STREET ADDRESS	516 OAK CREEK DRIVE
2.4 CITY - ST - ZIP	BRANDON, FL 33511
3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HICKS, JIM
3.3 STREET ADDRESS	425 PENINSULAR DRIVE
3.4 CITY - ST - ZIP	LAKELAND, FL 33813
4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RANDOLPH, ROBERT
4.3 STREET ADDRESS	516 OAK CREEK DRIVE
4.4 CITY - ST - ZIP	BRANDON, FL 33511
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 on an attachment with an address.

SIGNATURE:

Jerry Hicks **JERRY HICKS**

4-28-95

**312
615-5881**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Telephone Number