

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000075435 (5)**

1. Corporation Name

**DIGITAL CALL ALERT, INC.**



Principal Place of Business

**425 PENINSULAR DRIVE  
LAKELAND FL 33813**

Mailing Address

**425 PENINSULAR DRIVE  
LAKELAND FL 33813**

3. Date Incorporated or Qualified <b>10/13/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-3274329</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

**9. Name and Address of Current Registered Agent**

**HICKS, JAMES R  
425 PENINSULAR DRIVE  
LAKELAND FL 33813**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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. (Public Registered Agent signature required when registering) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICKS, JERRY</b>	1.2 NAME	
STREET ADDRESS	<b>4683 BERWYN COURT</b>	1.3 STREET ADDRESS	<b>2449 Hadow Ave</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34885</b>	1.4 CITY-ST-ZIP	<b>DOWNERS GROVE, IL 60515</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOBBIN, LORRAINE</b>	2.2 NAME	
STREET ADDRESS	<b>516 OAK CREEK DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICKS, JIM</b>	3.2 NAME	
STREET ADDRESS	<b>425 PENINSULAR DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RANDOLPH, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>516 OAK CREEK DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL</b>	4.4 CITY-ST-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-ST-ZIP		5.4 CITY-ST-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-ST-ZIP		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)(k), 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/96

708-434-8850

Date

Telephone

CR2E034 (12/95)