## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000078414 (7)

THE PARTY LINE, INC.

Principal Place	of Business	Mailing Address	Mailing Address			T FANNICAN CIA I BARK DIQUI QBRIL ANINI U	DIFF <b>su</b> ffi 4000	I EBILIT OFFICE TO	AT BANKA ANNON
2498 CENREVILLE RD. Tallahassee Fl. 32308		2498 CENREVILLE RD. TALLAHASSEE FL 32308-441	2498 CENREVILLE RD. TALLAHASSEE FL 32308-4418						
						3. Date Incorporated or Qualified 10/25/1994	1	ate of Last F /04/1996	leport
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ar	pplied For
21		26				59-3273397			ot Applicable
Suite, Apt.	#, etc.	Suite. Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	;	City & State			-	Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Z <sub>I</sub> p 29 3	Coun	itry		This corporation has liability for Florida Statutes	r intangible		i. 199.032,
.=-1	9. Name and Address of Curre					10. Name and Address of New F	Registered	Agent	
YAE	GER, DONALD W JR.		20	91 Name					
4078 CHAPLES SAMUEL DRIVE 6380 Thomas ville 12				82 Street Address (P.O. Box Number is Not Acceptable)					
TAL	LAHASSEE FL <del>32308</del> -	3231	_				,		
			Į.	83					
			h	84 City		**************************************	F. 1	<b>85</b> Zip	Code
4 4 6		007 4500 Florido Otol 400	1000			votion authorite this statement for the	FL		its registered
Pursuant t office or n	io the provisions of Sections 607.05 eg stered agent, or bolb in the State in famular with, auch of cept the oblig	32 and 607.1508, Florida Statutes 3 of Florida. Such change was au	, tne ab thorized	ove-named by the corp	corpo poratio	ration submits this statement for the in's board of directors. I hereby acc	ept the app	changing i	registered
agent La	ni famuar with, and except the oblig	ations of, Section 607,0505, Flori	da Statu	ites.					
SIGNATURE	- 1/onally	N. 47117					DATE		
12.		ent and trite it epiplicable (NOTE: ID DIRECTORS	Registered	Agent signature	required	d when reinstating) ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
TITLE	D OFFICERS AF	DELETE	1.1 TITO	F		7,0011101107077711000710 011	702770	enange	☐ Addition
NAME	DON YAEGER		1.2 NAM	i	ĺ				
STREET ADORESS	POPON 107 N/A			TET ADDRESS.		6380 thomasville Rd			
CITY-ST-ZIF	TALLAHASSEE FL 22202	<del></del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Y-ST-ZIP	1 '	32312			
1 TLF	VP	DELETE	2.1 1(1)		<del> </del>			Change	Addition
NAME	DENISE YAEGER	<del></del>	2.2 NAI	ME			~ /		
STREET ADDRESS	P.O.BOX 107 11/A			REET ADDRESS	1 4.	380 Thomasville	احظ		
CITY-ST-ZIF	TALLAHASSEE FL 38902		•	ry - ST - ZIP	"	, 50 -	323	12	
1/1/5	7,22 45 10022 1 2 02072	☐ DELETE	31 TITI					Change	Addition
NAME			3.2 NA	ME			>-		
STREET ADDRESS			3 3 STF	REET ADDRESS					
CHTV - ST - ZIP			3.4. CH	ry-st-zip					
DILE		DELETE	4.1 TIT	LE				Change	Addition
NAME			4. 2 NA	.ME.	1				
STREET ADDRESS			4.3 STF	REET ADDRESS	]				
CITY+ST-ZIP			4.4 CIT	Y-ST-ZIP					
TITLE		☐ DELETE	5.1 TIT	LE				Change	Addition
NAME			5.2 NAI	ME	1				
STREET ADDRESS			5.3 STF	REET ADORESS					
CITY - S1 - ZIP			5.4 CIT	Y-ST-ZIP					
गार		☐ DELETE	6.1 TIT	LE				Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET ADDRESS					
City C1 710			5 A CIT	Y_\$T_7/P	1				

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 chapted, or on an attachment with an address.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF OR PRINTED NAME OF SIGNING OFFICE OF OR OR OFFICE OF OR OR OFFICE OF OR OFFICE OF OR OR OFFICE OF OR

2/01/a7 (900) 668-9394

**FILED** 

Feb 06 1997 8:00am

Secretary of State

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