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

**CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000093704 (2)

AMERICA CALLS OUT, INC.

## **FILED** May 19 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address   |   |   |           |        |                                   |  |
|---|---|---|-----------|--------|-----------------------------------|--|
| 9438 US 19 NORTH GEORGE N. KLIMIS, P.A.   |   |   |           |        |                                   |  |
| #307<br>PORT RICHEY   | ' E1 94000  | 30 NORTH RING AVENUE, STE. 400<br>TARPON SPRINGS FL 34689 |           |        |                                   | DO NOT WRITE IN THIS SPACE   |
| roni nichei   | FF 94000  | TAREON SERINGS PC 34003                                   |           |        | 3. Date Incorporated or Qualified |  |
|   |   |   |           |        |                                   | 12/28/1994   |
| 2. Principal Pl   | ace of Business                                     | 2a. Mailing Address                                       |           |        |                                   | 4. FEI Number Applied For  |
| 21  |   | 26  |           |        |                                   | <b>59-3298063</b> Not Applicable   |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.                                       |           |        |                                   | 6. Certificate of Status Desired  \$8.75 Additional  |
| 22  |   | 27  |           |        |                                   | Fee Hequired   |
| City & State  | Э   | City & State  |           |        |                                   | Election Campaign Financing     \$5.00 May Be  |
| 23  | Country   | 28  | Cour      | ales a |                                   | Trust Fund Contribution  |
| Zip   | ⊢ ' '   | Žip   | 30        | шу     |                                   | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| 24  | 9. Name and Address of Current                      |   | 30        |        |                                   | 10. Name and Address of New Registered Agent   |
| W. 11   |   |   |           | 81     | Name                              |  |
|   | KLIMIS, GEORGE N<br>30 NORTH RING AVENUE            |   |           |        | C+                                | Address (D.O. Des Newstern in New Assessments)   |
|   | ITE 400   |   | ['        | 82     | Street A                          | Address (P.O. Box Number is Not Acceptable)  |
|   | RPON SPRINGS FL 34689                               |   | į.        | 83     |                                   |  |
| '^'   | 11 011 01 111100 1 2 0 1000                         |   |           | D 4    | City.                             | 85 Zip Code  |
|   |   |   | [*        | 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 typod or printed risme of registered ager |   |           | Agen   | t signature                       | rc required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                           |
| 12.   | OFFICERS AND  | DELETE  | 13.       | F      |                                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| NAME  | CARMENICO, DENNIS SR.                               | Carl Peters   | 1.2 NAI   |        |                                   |  |
| STREET ADDRESS  | 9438 US 19 NORTH, #307                              |   | 4         |        | ADDRESS                           |  |
| CITY-ST-ZIP   | PORT RICHEY FL 34668                                |   | 1.4 CIT   |        |                                   |  |
| TITLE   | VP .  | DELETE  | 2.1 TIT   |        |                                   | Change Addition  |
| NAME  | NELSON, HARVEY M                                    |   | 2.2 NA    | ME     | ]                                 |  |
| STREET ADDRESS  | % 9438 US 19 NORTH, #307                            |   | 2.3 STF   | REET A | ADDAESS                           |  |
| CITY-ST-ZIP   | PORT RICHEY FL 34668                                |   | 2. 4 GIT  | TY-SI  | f-ZiP                             |  |
| TITLE   |   | ☐ DELETE  | 3.1 1110  | LE     |                                   | Change Addition  |
| NAME  |   |   | 3.2 NA    | ME     |                                   |  |
| STREET AODRESS  |   |   |           |        | ADDRESS                           |  |
| CITY-ST-ZIP   |   | Florites  | 3.4. CI   |        | í-ZIP                             | Change Addition  |
| TITLE   |   | DELETE  | 4.1 717   |        | }                                 | Li Charge Li Addition  |
| NAME  |   |   | 4. 2 NA   |        |                                   |  |
| STREET ADDRESS  |   |   |           |        | ADDRESS                           |  |
| CITY-ST-ZIP<br>TITLE  |   | DELETE  | 4.4 CIT   |        | - 211                             | Change Addition  |
| NAME  |   |   | 5.2 NA    |        |                                   |  |
| STREET ADDRESS  |   |   |           |        | ADDRESS                           |  |
| CITY-ST-ZIP   |   |   | 5.4 CIT   |        | 1                                 |  |
| TITLE   |   | DELETE  | 6.1 ThT   |        | -"                                | Change Addition  |
| NAME  |   |   | 6.2 NA    | ME     | 1                                 |  |
| STREET ADDRESS  |   |   | 6.3 STF   | REET / | ADDRESS                           |  |
| CITY-ST-ZIP   |   |   | 6.4 CIT   | Y-ST   | -ZIP                              |  |
|   | pertify that the information supplied wi            | h this filing does not qualify for                        | r the exe | mot    | ion state                         | ted in Section 119,07(3)(i), Florida Statutes. I further certify that the information                      |

Indicated on this annual report or supplied with this mind does not dually for the exember's state and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the conferation 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 chapter 60, or on an attact right with an address.