

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 # P95000049876 (2)

1. Corporation Name

A-1 TELEPHONE ANSWERING SERVICE, INC.



Principal Place of Business

Mailing Address

1708 CROWDER ROAD
TALLAHASSEE FL 32303

1708 CROWDER ROAD
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified

06/27/1995

3a. Date of Last Report

2. Principal Place of Business

21 1708 Crowder Rd. 1/2

2a. Mailing Address

26 Same

4. FEI Number

59-3311253

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

Tallahassee, Fla.

28 City & State

Same

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 Zip

32303

Country

FL

29 Zip

32303

Country

FL

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMPTON, JOYCE A
1708 CROWDER ROAD
TALLAHASSEE FL 32303

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Joyce A. Hampton

(Signature of Registered Agent required when re-registering)

1-30-96

DATE

12. OFFICERS AND DIRECTORS

TITLE President
NAME Joyce A. Hampton
STREET ADDRESS 1708 Crowder Rd
CITY-STATE-ZIP Tallahassee, Fla. 32303

TITLE Alice Hampton
NAME Alice Hampton
STREET ADDRESS 1708 Crowder Rd
CITY-STATE-ZIP Tallahassee, Fla. 32303

TITLE Sec.
NAME Barbara Stueck
STREET ADDRESS 4501 Bowfin Drive
CITY-STATE-ZIP Tallahassee, Fla. 32303

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Joyce A. Hampton

(Signature and Typed or Printed Name of Signing Officer or Director)

1-30-96

904-562-3988

Date

Office Phone #

CR2E034 (12/95)