


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90219 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000059136 1. Corporation Name PAGERS FOR LESS, INC.			
Principal Place of Business 1115 BOUNDARY ST BEAUFORT S 29902 US		Mailing Address 1115 BOUNDARY ST BEAUFORT SC 29902 US	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 142 South Cedar Street Suite, Apt. #, etc. 22 P.O. Box 236 City & State 23 Summerville Zip Country 24 29484-0236 USA		2a. Mailing Address 26 → Same Suite, Apt. #, etc. 27 → SAME City & State 28 Summerville Zip Country 29 29484-0236 USA	
3. Date Incorporated or Qualified 07/21/1995		4. FEI Number 59-3332484	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent LAWTON, CHARL L 110 WEST CENTRAL AVE. WINTER HAVEN FL 33880		10. Name and Address of New Registered Agent 81 Name Brown, Gordon 82 Street Address (P.O. Box Number is Not Acceptable) 1492 N. LAKE SHIPP DR SW 83 84 City Winter Haven FL 85 Zip Code 33880	
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 <i>Gordon Brown</i> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	D <input type="checkbox"/> DELETE		
NAME	LAWTON, CHARL L		
STREET ADDRESS	110 WEST CENTRAL AVE.		
CITY-ST-ZIP	WINTER HAVEN FL 33880		
TITLE	V <input type="checkbox"/> DELETE		
NAME	LAWTON, PAUL V		
STREET ADDRESS	1115 BOUNDARY ST		
CITY-ST-ZIP	BEAUFORT SC 29902		
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	Lawton, Charl L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME	142 South Cedar Street		
1.3 STREET ADDRESS	Summerville, SC 29483		
1.4 CITY-ST-ZIP	Summerville, SC 29483		
2.1 TITLE	Lawton, Paul V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME	142 South Cedar Street		
2.3 STREET ADDRESS	Summerville SC 29483		
2.4 CITY-ST-ZIP	Summerville SC 29483		
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

Date

843-875-0650

Daytime Phone #

CR2E034 (11/98)