

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000091449 (5)

1. Corporation Name

ON-LINE TELEPHONE SERVICES, INC.



Principal Place of Business

Mailing Address

8803 SOUTH HOLLAND ROAD
SOUTHPORT FL 32409

8803 SOUTH HOLLAND ROAD
SOUTHPORT FL 32409

2. Principal Place of Business

2a. Mailing Address

21 1234 JONES AVE

26 P O Box 1250

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 Panama City FL

28 Lynn Haven FL

Zip

Country

Zip

Country

24 32401

25 GA US

29 32444

30 GA US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CULPEPPER, TRINA R
8803 SOUTH HOLLAND ROAD
SOUTHPORT FL 32409

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

Signature typed or printed (if desired) of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when reinstating.)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CULPEPPER, TRINA R
STREET ADDRESS 8803 SOUTH HOLLAND ROAD
CITY-ST-ZIP SOUTHPORT FL 32409

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VST
NAME CULPEPPER, JOHN R II
STREET ADDRESS 8803 SOUTH HOLLAND ROAD
CITY-ST-ZIP SOUTHPORT FL 32409

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Trina R. Culpepper* TRINA R. Culpepper 7-29-96 904-265-1817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)