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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1234 JENKS AVENUE
PANAMA CITY FL 32401
US

P.O. BOX 1250
LYNN HAVEN FL 32444-8050
US



2. Principal Place of Business

2a. Mailing Address

21 3016 Stanford RD

26 P.O. Box 1250

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Panama City, FL

28 Lynn Haven

Zip

Country

Zip

Country

24 32405

25 US

29 32444

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

11/30/1995

08/02/1996

4. FEI Number

Applied For

59-3355364

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

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 name of registered agent and title if applicable

(NOTE: Registered Agent 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

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE VP
1.2 NAME Culpepper, Rodney
1.3 STREET ADDRESS 8803 S Holland Rd
1.4 CITY-ST-ZIP Southport, FL 32409

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE:

Rodney Culpepper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/97

904 768 5552

0063278

CR2E034 (9/96)