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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

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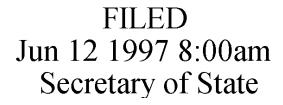
Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000054810 (2)

DISPATCHERS SERVICES OF BAY & OKALOOSA COUNTIES, INC.

| Principa | al Plac | ce of Business |
|----------|---------|----------------|
| 703 W    | 19TH    | STORET         |

Mailing Address





| PANAMA CIT                    |   | PANAMA CITY FL 32401  | -2211  |   |                                |
|-------------------------------|---|---|--|---|--------------------------------|
|                               |   |   |  | 3. Date incorporated or Qualified 06/27/1996  | 3a. Dale of Last Report        |
| 2. Principal                  | Place of Business                       | 2a. Mailing Address   |  | 4. FEr Number とエルギ  | Applied For                    |
| 21                            |   | 26  |  | 59-3390667  | Not Applicable                 |
| Suite, Apt                    | t. #, etc.                              | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| City & Sta                    |   |   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees   |   |                                |
| Zip                           | . Country                               | Z <sub>i</sub> p<br>29  | Country<br>30  | 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 Reg   | gistered Agent                 |
| 70<br>PA                      | Suaa U.                                 | 607.0502 and 607.1508, Florida Stati<br>ne State of Florida. Such change was<br>ne obtrigations of, Section 607.0505, F | 83 Page 184 City Page 185 City | Linda Holt  ddress (P.O. Box Number is Not Acceptable  HOO3 Toxino Will  noma City  anama City  corporation submits this statement for the poration's board of directors. I heroby acceptations | FL 85 Zip Code 3 2 405         |
| 10                            | Signature typed or printed name of reg  |   | OTF Registered Agent signature (   | required when reinstaling)  ADDITIONS/CHANGES TO OFFIC  | DATE CORE IN 12                |
| 12.                           | DPS OFFICE                              | ERS AND DIRECTORS  DELETE   | 13.  | ADDITIONS/CHANGES TO OFFIC  | Change Addition                |
| NAME                          | ٠ .                                     | <del></del>   | 1.2 NAME   |   | FT Outside FT Statistical      |
| STREET ADDRESS                | George J. Joh                           | 715   |  |   |                                |
|                               | INCOME TO TOUT                          | $\boldsymbol{\gamma}$   | 1.3 STREET AUDRESS   |   |                                |
| CITY-ST-ZIP<br>TITLE          | Panama CITY, F                          | DELETE  | 1.4 CiTY-ST-ZIP<br>2.1 TiTLE   |   | Change Addition                |
| NAME                          | Ruth m. Johns                           | <del>-</del>  | 22 NAME  |   | L change L rounten             |
| STREET ADDRESS                | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |   | 23 STREET ADDRESS  |   |                                |
|                               | Panama CiTy, FL                         | •   |  |   |                                |
| CITY-ST- <b>Z</b> IP<br>TITLE | VARABLE LILY, FL                        | DELETE  | 2. 4 CITY - ST - ZIP<br>3.1 TITLE  |   | Change Addition                |
| NAME                          |   |   | 3.2 NAME   |   |                                |
| STREET ADDRESS                |   |   | 3.3 STREET ADDRESS   |   |                                |
| CITY-ST-ZIP                   |   |   | 3.4. CITY - ST - ZIP   |   |                                |
| TITLE                         |   | ☐ DELETE  | 4.1 TITLE  |   | Change Addition                |
| NAME                          |   |   | 4. 2 NAME  |   | - <del>-</del> —-              |
| STREET ADDRESS                |   |   | 4.3 STREET ADDRESS   |   |                                |
| CITY-ST-ZIP                   |   |   | 4.4 CITY - ST - ZIP  |   |                                |
| TITLE                         | 1111                                    | ☐ DELFTE  | 5.1 TITLE  |   | ☐ Change ☐ Addition            |
| NAME                          |   |   | 5.2 NAME   |   |                                |
| STREET ADDRESS                |   |   | 5.3 STREET ADDRESS   |   |                                |
| CITY-ST-ZIP                   |   |   | 5.4 CITY-ST-ZIP  |   |                                |
| TITLE                         |   | DELETE  | G.1 TITLE  | والمناور والمناور والمناور والمناور والمناور والمناور والمناور  | Change Addition                |
| NAME                          |   |   | 6.2 NAME   | 30000219<br>-06/03/970100   | 18853<br>14n27 05              |
| STREET ADDRESS                |   |   | 6.3 STREET ADDRESS   | -06/03/970100   | 14021                          |
| CITY-ST-ZIP                   |   |   | 64 CHY-ST-ZIP  | ***825.00   | 6/12/9                         |

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 eath; 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:

.509-783-6307