

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

FILED

**May 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000086874 (9)
1. Corporation Name

~~A PHONE CONNECT, INC.~~

Freedom Clinics, Inc. 4-17-98

Principal Place of Business: 14803 N. NEBRASKA AVE. TAMPA FL 33613
Mailing Address: 14803 N. NEBRASKA AVE. TAMPA FL 33613



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3104 W. Waters Ave.
22 202
23 Tampa
24 33614 25 Hills

2a. Mailing Address

26
27
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3. Date Incorporated or Qualified: 10/08/1997

4. FEI Number: 59-3472253

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

MILLS, FREDERICK J
1200 W. PLATT ST., STE. 100
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ DATE: _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DST	WEATHERMAN, GARY L	16403 ZURRAGUIN DE AVILA	TAMPA FL 33613	<input type="checkbox"/>
DP	WEATHERMAN, BETTY D	16403 ZURRAGUIN DE AVILA	TAMPA FL 33613	<input type="checkbox"/>
V	WEATHERMAN, ANGELA	16403 ZURRAGUIN DE AVILA	TAMPA FL 33613	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
D	Gary Weatherman	16403 Zurraguin De Avila	Tampa, FL 33613	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP	Betty Weatherman	16403 Zurraguin De Avila	Tampa, FL 33613	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STVD	DICK FURLONG	7109 Pelican Island Dr.	Tampa, FL 33634	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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 registered 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: _____

CR2E034 (10/97)