

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 16 1998 8:00am
Secretary of State

DOCUMENT # P97000105382 (0)

1. Corporation Name

PRO-TEL VOICE & DATA SERVICES, INC.



Principal Place of Business

808 S.E. 47TH TERRACE #4
CAPE CORAL FL 33904

Mailing Address

808 S.E. 47TH TERRACE #4
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1997

4. FEI Number

05-0826094

Applied For

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

2. Principal Place of Business

21 10241 Metro PKY
Suite, Apt. #, etc.

22 113
City & State

23 Fort Myers FL
Zip

24 33912 Country

2a. Mailing Address

26 10241 Metro PKY
Suite, Apt. #, etc.

27 113
City & State

28 Fort Myers FL
Zip

29 33912 Country

9. Name and Address of Current Registered Agent

STOGSDILL, KENT
808 S.E. 47TH TERRACE #4
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name Kent Stogsdill
82 Street Address (P.O. Box Number is Not Acceptable)
10241 Metro PKY
83
84 City Fort Myers FL 85 Zip Code 33912

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 Kent Stogsdill, President 7-12-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STOGSDILL, KENT
STREET ADDRESS 4907 S.W. 9TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ DELETE

TITLE VSD
NAME SLONE, STEVEN
STREET ADDRESS 3413 PELICAN BOULEVARD
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ DELETE

TITLE VTD
NAME PARK, KEVIN
STREET ADDRESS 13655 CARIBBEAN BOULEVARD
CITY-ST-ZIP FORT MYERS FL 33905 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

STOGSDILL, KENT

7-12-98 341-7770010

CR2E034 (5/98)