

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90004 014 ***150.00

DOCUMENT # P98000057498

1. Corporation Name

HOTLINE VOICE AND DATA INC.

Principal Place of Business

10050 LITTLE TEAK STREET
ORLANDO FL 32825

Mailing Address

10050 LITTLE TEAK STREET
ORLANDO FL 32825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1998

4. FEI Number

59-3528272

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3710A SILVER STAR ROAD

Suite, Apt. #, etc.

22 City & State
23 ORLANDO FLORIDA

Zip Country

24 32808 25

2a. Mailing Address

26 3710A SILVER STAR ROAD

Suite, Apt. #, etc.

27 City & State
28 ORLANDO FLORIDA

Zip Country

29 32808 30

9. Name and Address of Current Registered Agent

STEPHENSON, JAMES J
10050 LITTLE TEAK STREET
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name MICHAEL G STEPHENSON

82 Street Address (P.O. Box Number is Not Acceptable)

3710A SILVER STAR ROAD

83

84 City ORLANDO

FL

85 Zip Code 32808

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 M. Stephenson MICHAEL G. STEPHENSON

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME MICHAEL G STEPHENSON
1.3 STREET ADDRESS 3710A SILVER STAR ROAD
1.4 CITY-ST-ZIP ORLANDO FLORIDA 32808

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

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

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

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

M. Stephenson MICHAEL G. STEPHENSON

Date

2/16/99

Daytime Phone #

(407) 293 5442

CR2E034 (11/98)