09171999-90011-034-$550.00-$550.00

1999.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -5 AM 11:54

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DOCUMENT # P98000089434

1. Corporation Name
HALLO TELEPHONE SERVICE, INC.

Principal Place of Business	Mailing Address
602 SOUTH BOULEVARD TAMPA FL 33606	602 SOUTH BOULEVARD TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1998 59-3589335

2. Principal Place of Business
21 1715 E Bay Dr Suite C
22 Largo, FL
23
24 Zip 33771 25 Country U.S.

2a. Mailing Address
26 1715 E Bay Dr
27 Suite C
28 Largo FL
29 Zip 33771 30 Country U.S.

4. FEI Number [redacted] ☑ 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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

R. JEFFREY STULL, P.A.
602 SOUTH BOULEVARD
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name Edwin Alley
82 Street Address (P.O. Box Number is Not Acceptable) 1715 E Bay Dr Suite C
83
84 City Largo FL 85 Zip Code 33771

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 _____ 9-14-98
Signature, typed or printed name of individual 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	D	☐ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	STULL, R J		1.2 NAME	Edwin Alley	
STREET ADDRESS	602 SOUTH BOULEVARD		1.3 STREET ADDRESS	1715 E Bay Dr Suite C	
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP	Largo FL 33771	
TITLE	President	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Edwin Alley		2.2 NAME		
STREET ADDRESS	1715 E Bay Dr Suite C		2.3 STREET ADDRESS		
CITY-ST-ZIP	Largo, FL 33771		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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: _____ REQUIRED 9-14-98 727-586-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #