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 Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90107 036 ***150.00

DOCUMENT # S04304 1. Corporation Name

QUALITY TELEPHONE SERVICES, INC.

donient		,,									
Principal Place	e of Business	Mailing Address	· -				113011418				1811 81811 1881
1057 WEDGWORTH RD. 1057 WEDGWORTH RD.											
P.O. BOX 35 P.O. BOX 35						ļ					
BELLE GLADE FL 33430 BELLE GLADE FL 33430									VRITE IN THIS	SPACE	
						3.	Date Incorpor 10/01/199		fed		
2. Principal P	lace of Business	2a. Mailing Add	ress			4.	FEI Number			App	plied For
21		26					65-021906	<u> </u>		Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			, etc.				Certificate of	Status Desired	d 🗇	\$8.75 A Fee Rec	
City & State City & State						6.	Election Cam	paign Financi	ng 🗆	\$5.00	May Be
23		28				l a	Trust Fund C	ontribution		Added to	o Fees
Zip	Country Zip Co			Country	ountry 8. Thi			ion owes the	current year In	tangible	
24	25 29 30					Personal Property Tax.				☐ Yes	IZ No
	9. Name and Address of Cui	rrent Registered Agent				10.	Name and A	ddress of Ne	w Registered	Agent	
				81	Name						
	TON, DENNIS J.			82	Street A	Address (F	P.O. Box Numb	er is Not Acc	eptable)		
1057 WEDGWORTH RD.					Oli Out /	(.	_	,			
BELL	LE GLADE FL 33430			83	**						
				84	City		-		FL	85 Zip C	Code
office or r	to the provisions of Sections 607, egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such char	ige was autho	orized by i	tne corpo	corporatio pration's b	n submits this oard of directo	statement for rs. I hereby ac	the purpose o	f changing its intment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Page	istared Aneni	signature re	equired when	reinstating)		DATE		
42		AND DIRECTORS	(NOTE: Nog	13.	signaturo ic		ADDITIONS/C	HANGES TO		ND DIRECTO	RS IN 12
12.	D		ELETE	1.1 TITLE	Υ					☐ Change	☐ Addition
NAME	DEATON, DENNIS J.			1.2 NAME	i				•		
STREET ADDRESS	1057 WEDGWORTH RD.			1.3 STREET	ADDRESS	}					
	BELLE GLADE FL			1.4 CITY-ST	- 1						
CITY-ST-ZIP TITLE	V		ELETE	2.1 TITLE	-21					☐ Change	☐ Addition
NAME	DEATON, MICHAEL T.			2.2 NAME							
1	1057 WEDGWORTH RD			2.3 STREET	ADDRESS						
STREET ADDRESS	BELLE GLADE FL					[•	,		
CITY-ST-ZIP	ST		DELETE	2.4 CITY-S' 3.1 TITLE	1-21			·		Change	☐ Addition
NAME	DEATON, JOANNE B.			3.2 NAME						=	!
STREET ADDRESS	1057 WEDGWORTH RD			3.3 STREET	ADDRESS	1					
1	BELLE GLADE FL		1	3.4. CITY-S	J	}					
CITY-ST-ZIP TITLE	CALLE VIOLET		DELETE	4.1 TITLE		 				Change	☐ Addition
NAME	·			4. 2 NAME							
				4.3 STREET	ADDRESS						
STREET ADORESS				4.4 CITY-ST							
CITY-ST-ZIP TITLE		্র প্রভা <u>নি কর হন্</u> যার	ELETE . ":.	5,1 TITLE :						Change	☐ Addition
NAME		44 (h 14)	1. 144	5.2 NAME	- ,	,					
STREET ADDRESS			vagra	5.3 STREET	ADDRESS						
CITY-ST-ZIP	ļ,			5.4 CITY-ST		ļ					
TITLE			DELETE WAY	6.1 TITLE		1				☐ Change	☐ Addition
11100			/CLE(E \. \)	U., ,,,,	1	1 🕶 -					
NAME		т. С.	JECETE 1.	6.2 NAME] " .				~ '	
NAME STREET ADDRESS		, , , , , , , , , , , , , , , , , , ,		-1	ADDRESS	, ,	. ,			~ ,	

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 suppliemental 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.

CITY-ST-ZIP