Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90061 013 ***150.00

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**

	MENT # OOG 40	W. W. W. W.			
	MENT # S82546				
1. Corporation		INC			
AMERIC	PHONE COMMUNICATIONS,	ING.)	HAN ANAN ANAR BRERT ANDRESALL
					ISON BIEN SEDIE DION BION DION
Principal Plac	e of Business	Mailing Address			
12706 WILDERNESS LANE W 12706 WILDERNESS LAN					
JACKSONVILLE US	E FL 32258	JACKSONVILLE FL 32258 US		DO NOT WRITE IN THIS	SPACE
03	•	•		3. Date Incorporated or Qualifed	
				09/23/1991	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3084257	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	- · ·	27		3. October 67 States Commun.	Fee Required
City & Sta	te	City & State	~	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25	29 3	0	Personal Property Tax.	Yes No
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent
BHG	CON DAIDHE				
BUSCH, RALPH E 12706 WILDERNESS LANE W			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	CKSONVILLE FL 32258		83		
ا	ACCOUNTELL I E 32230		63		
}			84 City	FL	85 Zip Code
		1 007 4500 FI-11- Di-hit-	the above named a	orporation submits this statement for the purpose of	
		of Elopida. Such change was aut	hanzed by the comor	ration's board of directors. I hereby accept the appo	intment as registered
agent. I a	registered agent, or both, in the State c am familiar with, and accept the obligat	tions of, Section 607.0505, Florid	la Statutes.		
SIGNATURE		ANOTE: D	egistered Agent signature rec	Tuired when reinstating) DATE	
12.	Signature, typed or printed name of registered agent		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DPT	☐ DELETE	1.1 TITLE	DPST	Change Addition
NAME	BUSCH, RALPH E			ALLECH PAIRM E	
STREET ADDRESS	ANTON MINI DEDMENO LAME M		1.3 STREET ADDRESS	12706 WILDERNESS LN W	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	DVS	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHEEK, DAVID H	••	2.2 NAME		
STREET ADDRESS	440-7 OAN 100F #0000	•	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3,2 NAME		
STREET ADDRESS	s		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	s		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	s		5,3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TIDE	 	☐ DELETE	6.1 TITLE		☐ Change ☐ Additio

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE