

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V14341 (4)

1. Corporation Name

RESORT TELEPHONE SERVICES, INC.



Principal Place of Business

Mailing Address

~~5946 CURRY FORD RD~~
~~ORLANDO FL 32802~~
~~US~~

~~5016 CURRY FORD RD~~
~~ORLANDO FL 32802~~
~~US~~

3. Date Incorporated or Qualified
02/14/1992

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 11130 W. Halls River Rd.

26 200 S. Orange Ave.

4. FEI Number

59-3116334

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2300

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 Homosassa Springs, FL

27 Orlando, FL

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Zip

Zip

24 34448

25 U.S.A.

29 32801-3432

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

A.G.C. Co.

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

200 S. Orange Ave.

83

Suite 2300

84 City

Orlando

FL

85 Zip Code

32801-3432

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 obligation of, Section 607.0509, Florida Statutes.

SIGNATURE By:

G. Thomas Bales, Vice President

DATE

4-24-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME OAKES, PHILIP W.
STREET ADDRESS 5946 CURRY FORD RD
CITY-ST-ZIP ORLANDO FL

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Oakes, Philip W.
1.3 STREET ADDRESS 11130 W. Halls River Rd.
1.4 CITY-ST-ZIP Homosassa Springs, FL 34448

TITLE S ☐ DELETE
NAME PALMER, GAIL G.
STREET ADDRESS 5946 CURRY FORD RD
CITY-ST-ZIP ORLANDO FL

2.1 TITLE S/D ☒ Change ☐ Addition
2.2 NAME Oakes, Gail G.
2.3 STREET ADDRESS 11130 W. Halls River Rd.
2.4 CITY-ST-ZIP Homosassa Springs, FL 34448

TITLE ☒ DELETE
NAME WEBB, CHERYL D.
STREET ADDRESS 5946 CURRY FORD RD
CITY-ST-ZIP ORLANDO FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Gail G. Palmer Oakes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/96

CR2E034 (12/95)