

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

11130 W. HALLS RIVER RD
HOMOSASSA SPRINGS FL 34448
US

Mailing Address

200 S ORANGE AVE
SUITE 2300
ORLANDO FL 32801-3432

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Homosassa Springs, FL

24 Zip

25 Country

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Orlando, FL

29 Zip

30 Country

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3. Date Incorporated or Qualified

02/14/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3116334

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

~~A.G.O. 00.~~
~~200 S ORANGE AVE~~
~~SUITE 2300~~
~~ORLANDO FL 32801-3432~~

10. Name and Address of New Registered Agent

81 Name GAIL G. OAKES
82 Street Address (P.O. Box Number is Not Acceptable)
11130 W. HALLS RIVER ROAD
83 HOMOSASSA FL 34448
84 City HOMOSASSA FL 85 Zip Code 34448

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

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

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

Change ☒ Addition ☐

Oakes, Philip W.

11130 W. Halls River Rd.

Homosassa Springs, FL 34448

S/D

Oakes, Gail G.

11130 W. Halls River Rd.

Homosassa Springs, FL 34448

Change ☒ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

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14. I do 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

CR2E034 (9/96)