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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000064532**1. Corporation Name

RINGER, INC.

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90003 022 ***150.00



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Principal Place	e of Business	Mailing Address						4 Mine (181 (48)	
4921 SOUTHWEST 11 AVENUE CAPE CORAL FL 33914		4921 SOUTHWEST 11 AVENUE CAPE CORAL FL 33914				DO NOT WRITE IN THI	S SPACE		
						3. Date Incorporated or Qualifed 08/01/1996			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For]
21	·	26				65-0694136		ot Applicable	-
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			<u></u>	5. Certificate of Status Desired	Fee R	Additional equired	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees	
Zip	Country	Zip	—	untry		8. This corporation owes the current year I		F7.v-	
24	25	<u> </u>	30			Personal Property Tax.	∐ Yes	□No	4
	9. Name and Address of Current	Registered Agent		04	N1	10. Name and Address of New Registere	a Agent		-
LACE	DAVE PETED			81	Name				
Lagrave, Peter 4921 Southwest 11th Avenue				82	Street Addre	ss (P.O. Box Number is Not Acceptable)			1
	E CORAL FL 33914			83					}
, OAI I	C 001/12 1 C 00014			03]
)				84	City	F	85 Zip	Code	
office or co	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was at	ifborizer	d by ir	-named corpo he corporation	oration submits this statement for the purpose in s board of directors. I hereby accept the app	of changing its ointment as re	s registered egistered	
SIGNATURE						1 when reinstating) DATE			}.
)	Signature, typed or printed name of registered agent	ood utto if anniinable /NOTE:		d Agent :	signature required				
						······································	AND DIRECTO	ORS IN 12	8
12.	OFFICERS AND	DIRECTORS	13.		<u> </u>	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12 ☐ Addition	0,1
12. πημε	OFFICERS AND		13. 1.1 Ti	ITLE		······································			(44,00
12. TITLE NAME	OFFICERS AND PTD LAGRAVE, PENNY G	DIRECTORS	13. 1.1 TI 1.2 N	ITLE IAME		ADDITIONS/CHANGES TO OFFICERS			00747700
12. TITLE NAME STREET ADDRESS	OFFICERS AND PTD LAGRAVE, PENNY G 4921 SOUTHWEST 11 AVENUE	DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	ITLE IAME TREET A	ADDRESS	ADDITIONS/CHANGES TO OFFICERS			00,44,
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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 of the receiver 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.

SIGNATURE