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Secretary of State

03-04-1999 90158 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 389899

1. Corporation Name
TELEPHONE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1516 CAMDEN AVE.
 BOX 15520
 DURHAM NC 27704
 US

Mailing Address
 1516 CAMDEN AVE.
 BOX 15520
 DURHAM NC 27704

3. Date Incorporated or Qualified
10/19/1971

2. Principal Place of Business
 21

2a. Mailing Address
 26

4. FEI Number
59-1371270

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23

City & State
 28

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
 24 25

Zip Country
 29 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUGWELL, RICHARD T	1.2 NAME	
STREET ADDRESS	1008 HIGHLAND TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPEL HILL NC	1.4 CITY-ST-ZIP	
TITLE	VPC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURLINSKI, KIRK W.	2.2 NAME	
STREET ADDRESS	7203 32ND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34208	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEDDER, BONNIE J	3.2 NAME	
STREET ADDRESS	6701 OLDE PROVINCE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27609	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: Bonnie Tedder Date: 2/10/99 Daytime Phone #: 919-688-2345

CR2E034 (1/98)