

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000006960

**Entity Name:** A1 ANSWERING SERVICE, INC.

**Current Principal Place of Business:**

3025 BRAVO CT.  
ORANGE PARK, FL 32065

**Current Mailing Address:**

P.O. BOX 65097  
ORANGE PARK, FL 32065

**FEI Number:** 59-3437577

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WATTS, NORMA JEAN  
3025 BRAVO CT.  
ORANGE PARK, FL 32065 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WATTS, NORMA JEAN PRES.  
Address 600 THOMAS MCKEEN ST.  
City-State-Zip: ORANGE PARK FL 32073

Title D  
Name WATTS, ROBERT BDIR  
Address 600 THOMAS MCKEEN ST.  
City-State-Zip: ORANGE PARK FL 32073

Title DIR  
Name BRANNAN, LISA F DIR  
Address 1015 DOSHIRE DR.  
City-State-Zip: ORANGE PARK FL 32065

Title VP  
Name BRANNAN, LISA F  
Address 1015 DOSHIRE DR  
City-State-Zip: ORANGE PARK FL 32065

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NORMA JEAN WATTS

**PRESIDENT**

**04/20/2016**

Electronic Signature of Signing Officer/Director Detail

Date