

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 017944 (0)

1. Corporation Name
SPRINT-FLORIDA, INCORPORATED



Principal Place of Business 555 LAKE BORDER DR. APOPKA FL 32703 US	Mailing Address C/O JERRY M. JOHNS P.O. BOX 165000 ALTAMONTE SPRINGS FL 32716-5000 US
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DO NOT WRITE IN THIS SPACE

2 Principal Place of Business	2a Mailing Address
21 Suite, Apt. #, etc.	26 <i>903 E. 104th Street</i>
22 City & State	27 <i>MOKEMW0609</i>
23 Zip	28 <i>Kansas City, MO</i>
24 Country	29 <i>64131</i>
25 Country	30 <i>US</i>

3 Date Incorporated or Qualified 09/29/1925	
4 FEI Number 59-0248365	Applied For <input type="checkbox"/> Not Applicable
5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JOHNS, JERRY M.
 555 LAKE BORDER DR.
 APOPKA FL 32703**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, J DARRELL	1.2 NAME	
STREET ADDRESS	555 LAKE BORDER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, J. M.	2.2 NAME	
STREET ADDRESS	555 LAKE BORDER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	
TITLE	AVPT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYNATT, M. R.	3.2 NAME	
STREET ADDRESS	555 LAKE BORDER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLATORRE, T L	4.2 NAME	
STREET ADDRESS	555 LAKE BORDER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASCIO, JOHN T	5.2 NAME	
STREET ADDRESS	555 LAKE BORDER DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Mark V. Beshears
STREET ADDRESS		6.3 STREET ADDRESS	903 E. 104th St.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Kansas City, MO 64131

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.

CR2E034 (10/97)