FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:25

DOCUMENT # 184723 (5)

1. Corporation Name
NORTHEAST FLORIDA TELEPHONE COMPANY

Principal Place of Business	Mailing Address
130 NORTH FOURTH STREET P O BOX 485 MACCLENNY FL 32063-0485 US	130 NORTH FOURTH STREET P O BOX 485 MACCLENNY FL 32063-0485 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/23/1955	3a. Date of Last Report: 04/25/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 59-0798013 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired XX — $8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ — $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

CONNER, LEON VICE PRES.
283 EAST SHUEY AVE
MACCLENNY, FL
32063

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	CONNER, LEON	1.2 NAME	
STREET ADDRESS	283 E. SHUEY AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLLAND, EVELYN H	2.2 NAME	
STREET ADDRESS	465 S SECOND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	COMBS, LINDA S	3.2 NAME	
STREET ADDRESS	NORTH SHERMAN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST MARY FL	3.4 CITY-ST-ZIP	
TITLE	PDC	4.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, GLADYS R	4.2 NAME	
STREET ADDRESS	130 N 4TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	MCGLEW, JOHN T.	5.2 NAME	
STREET ADDRESS	RIVER HILLS DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	CONNER, FRED P.	6.2 NAME	
STREET ADDRESS	MADISON STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST. MARY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Leon Conner — Leon Conner — 1-18-95 — (904) 259-2268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401563 FP