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Feb 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: 04/23/1955
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 59-0798013 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCGLEW, JOHN T.		5.2 NAME		
STREET ADDRESS	RHODEN RILL DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MACCLENNY FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Leon Conner Leon Conner 1-08-97 904-259-2261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #