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03-02-1999 90152 001 *1,111.25

PROFIT CORPORATION ANNUAL REPORT

**1999**

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

DOCUMENT # 184723

1. Corporation Name
NORTHEAST FLORIDA TELEPHONE COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 130 NORTH FOURTH STREET<br>P O BOX 485<br>MACCLENNY FL 32063-2112<br>US | P.O. BOX 485<br>MACCLENNY FL 32063-0485<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/23/1955

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

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 130 North Fourth Street | 26 |
| Suite, Apt. #, etc. 22 (Omit P.O. Zip is not correct with this P.O.) | Suite, Apt. #, etc. 27 |
| City & State 23 Macclenny, FL | City & State 28 |
| Zip 24 32063-2112 Country 25 US | Zip 29 Country 30 |

**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: CONNER, LEON (Omit Vice Pres. title. Not correct.)
82 Street Address (P.O. Box Number is Not Acceptable): 130 North Fourth Street
83 (Please add Zip Code extension)
84 City: Macclenny, FL 85 Zip Code: 32063-2112

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 | P/D | ☒ Change ☐ Addition |
| NAME | CONNER, LEON | | 1.2 NAME | CONNER, LEON | |
| STREET ADDRESS | 283 E. SHUEY AVENUE | | 1.3 STREET ADDRESS | 130 NORTH FOURTH STREET | |
| CITY-ST-ZIP | MACCLENNY FL | | 1.4 CITY-ST-ZIP | MACCLENNY, FLORIDA 32063 | |
| TITLE | S | ☐ DELETE | 2.1 TITLE | S | ☒ Change ☐ Addition |
| NAME | HOLLAND, EVELYN H | | 2.2 NAME | HOLLAND, EVELYN H. | |
| STREET ADDRESS | 465 S SECOND ST | | 2.3 STREET ADDRESS | 130 NORTH FOURTH STREET | |
| CITY-ST-ZIP | MACCLENNY FL | | 2.4 CITY-ST-ZIP | MACCLENNY, FLORIDA 32063 | |
| TITLE | D | ☒ DELETE | 3.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | COMBS, LINDA S | | 3.2 NAME | ROSS, JOHNNY R. | |
| STREET ADDRESS | NORTH SHERMAN AVENUE | | 3.3 STREET ADDRESS | HWY. 82 & 29 | |
| CITY-ST-ZIP | GLEN ST MARY FL | | 3.4 CITY-ST-ZIP | LEWISVILLE, ARKANSAS 71845 | |
| TITLE | PDC | ☒ DELETE | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | WALKER, GLADYS R | | 4.2 NAME | EASTERDAY, JANET C. | |
| STREET ADDRESS | 130 N 4TH ST. | | 4.3 STREET ADDRESS | 130 NORTH FOURTH STREET | |
| CITY-ST-ZIP | MACCLENNY FL | | 4.4 CITY-ST-ZIP | MACCLENNY, FLORIDA 32063 | |
| TITLE | T | ☐ DELETE | 5.1 TITLE | T | ☒ Change ☐ Addition |
| NAME | MCGLEW, JOHN T. | | 5.2 NAME | MCGLEW, JOHN T. | |
| STREET ADDRESS | RHODEN RILL DRIVE | | 5.3 STREET ADDRESS | 130 NORTH FOURTH STREET | |
| CITY-ST-ZIP | MACCLENNY FL | | 5.4 CITY-ST-ZIP | MACCLENNY, FLORIDA 32063 | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | CONNER, FRED P. | | 6.2 NAME | CONNER, SHANNON D. | |
| STREET ADDRESS | MADISON STREET | | 6.3 STREET ADDRESS | 130 NORTH FOURTH STREET | |
| CITY-ST-ZIP | GLEN ST. MARY FL | | 6.4 CITY-ST-ZIP | MACCLENNY, FLORIDA 32063 | |

CR2E034 (11/98)

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:** [signature] SIGNATURE REQUIRED President/Dir. 1-15-99 904-259-0620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #