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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300000998 (5)

FIRST COMMUNICATIONS, INC.

Principal Place of Business Mailing Addross P.O. BOX 20305 PO BOX 2234 234 BLOUNTSTOWN HWY TALLAHASSEE FL 32316 DO NOT WRITE IN THIS SPACE TALLAHASSEE FL 32304 3. Date Incorporated or Qualified 02/23/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3133880 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5,00 May Be 6. Election Campalan Financina 23 Trust Fund Contribution dded to Fees 28 8. This corporation owes or has paid the curren Zip Country Country Zip year Intangible □ No 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LIVINGSTON, CHARLES C JR. 234 BLOUNTSTOWN HIGHWAY 82 TALLAHASSEE FL 32304 63 a llahasser 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the a office or registered agent, or both, in the State of Florida. Such change was authoriz agent. I am familiar with, and accept the obligations of, Section 607.05 coffda State of Florida. -named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered 30 Drenu CR2E034 (10/97) OFFICERS AND DIRECTORS 12, 13. ADDI INS/CHANGES TO OFFICERS AND DIBECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE Chorles C. Livingston, Jo 1906 Sherman Rd Cairo GA 31728 LIVINGSTON, CHARLES C JR. NAME 1.2 NAME 6413 KINGMAN TRAIL STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32308 1.4 CITY - ST- ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE SWEENEY, TRACY M. NAME 22 NAME 7099 CALICO CIR STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 2. 4 CITY- ST- ZiP CITY-ST-ZIP ☐ DELETE 31 TITLE Change Addition NAME **BOYETTE. BETTY A** 3.2 NAME P.O. BOX 221 STREET ADORESS 3.3 STREET ADDRESS ATTAPULGAS GA CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 YITLE Livingston Jeff B+6 Box 260 LIVINGSTON, JEFFREY C 4. 2 NAME NAME **5052 TALLOW POINT ROAD** 4.3 STREET ADDRESS STREET ADDRESS Duincy TALLAHASSEE FL 32308 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME **6.2 NAME**

SIGNATURE:

Block 12 or Block 13 if changed

STREET ADDRESS

City-ST-ZiP

n an attachment with an address.

Michelle Sweeney

14. Thereby 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 of 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4/30/98

830 5769113

FILED

May 20 1998 8:00am

Secretary of State

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