FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

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

1996 7-596 B-7312

DOCUMENT # 013878 (4)

1. Corporation Name
ST. JOSEPH TELEPHONE & TELEGRAPH COMPANY

Principal Place of Business
1650 PRUDENTIAL DR.
STE 400
JACKSONVILLE FL 32207
US

Mailing Address
P. O. BOX 1380
JACKSONVILLE FL 32201
US

3. Date Incorporated or Qualified: 06/16/1924
3a. Date of Last Report: 02/02/1995

2. Principal Place of Business
21 502 Fifth Street
Suite, Apt #, etc
22
City & State
23 Port St. Joe, FL
Zip
24 32456
Country
25 U.S.

2a. Mailing Address
26 P. O. Box 220
Suite, Apt. #, etc.
27
City & State
28 Port St. Joe, FL
Zip
29 32457
Country
30 U.S.

4. FEI Number: 59-0432770 ☐ 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

ANDERSON, R A.
1650 PRUDENTIAL DRIVE
SUITE 400
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: R. Mark Ellmer
82 Street Address (P.O. Box Number is Not Acceptable): 502 Fifth Street
83
84 City: Port St. Joe FL
85 Zip Code: 32456

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] R. Mark Ellmer, Assistant Secretary 6/24/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	FRASER, S.D.	
STREET ADDRESS	1650 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	D	☒ DELETE
NAME	CARLSON, W.W.	
STREET ADDRESS	1650 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	T	☒ DELETE
NAME	PETTY, C. M	
STREET ADDRESS	1650 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	PD	☒ DELETE
NAME	BELIN, J.C.	
STREET ADDRESS	1650 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	D	☒ DELETE
NAME	THORNTON, W. L.	
STREET ADDRESS	1650 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKKSONVILLE FL	
TITLE	S	☒ DELETE
NAME	ANDERSON, R A	
STREET ADDRESS	1650 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☐ Change ☒ Addition
1.2 NAME	John M. Lewis	
1.3 STREET ADDRESS	502 Fifth Street	
1.4 CITY-ST-ZIP	Port St. Joe, FL 32456	
2.1 TITLE	DVTS	☐ Change ☒ Addition
2.2 NAME	Robert V. DiPauli	
2.3 STREET ADDRESS	502 Fifth Street	
2.4 CITY-ST-ZIP	Port St. Joe, FL 32456	
3.1 TITLE	DV	☐ Change ☒ Addition
3.2 NAME	J. H. Vaughan	
3.3 STREET ADDRESS	502 Fifth Street	
3.4 CITY-ST-ZIP	Port St. Joe, FL 32456	
4.1 TITLE	V	☐ Change ☒ Addition
4.2 NAME	James B. Faison	
4.3 STREET ADDRESS	502 Fifth Street	
4.4 CITY-ST-ZIP	Port St. Joe, FL 32456	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(k), 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: [signature] James B. Faison 6/24/96 (904) 229-7322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #