

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90165 050 ***150.00

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|------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 017944

1. Corporation Name
SPRINT-FLORIDA, INCORPORATED

Principal Place of Business
555 LAKE BORDER DR.
APOPKA FL 32703
US

Mailing Address
903 E 104TH STREET
MOKCMW0609
KANSAS CITY MO 64131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1925

4. FEI Number

59-0248365

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 2330 Shawnee Mission Parkway
Suite, Apt. #, etc.

22

City & State

23 Westwood, KS

Zip

24 66205

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CORPORATE SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT E-Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AV ☐ DELETE

NAME BESHEARS, MARK V

STREET ADDRESS 903 E 104TH STREET

CITY-ST-ZIP KANSAS CITY MO 64131

TITLE VS ☒ DELETE

NAME JOHNS, J. M.

STREET ADDRESS 555 LAKE BORDER DR.

CITY-ST-ZIP APOPKA FL

TITLE AVPT ☒ DELETE

NAME MYNATT, M. R.

STREET ADDRESS 555 LAKE BORDER DR.

CITY-ST-ZIP APOPKA FL

TITLE V ☒ DELETE

NAME DELLATORRE, T L

STREET ADDRESS 555 LAKE BORDER DR.

CITY-ST-ZIP APOPKA FL

TITLE V ☐ DELETE

NAME CASCIO, JOHN T

STREET ADDRESS 555 LAKE BORDER DR.

CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Michael T. Hyde

2.3 STREET ADDRESS 2330 Shawnee Mission Parkway

2.4 CITY-ST-ZIP Westwood, KS 66205

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Jeannine Strandjord

3.3 STREET ADDRESS 2140 Ward Parkway

3.4 CITY-ST-ZIP Kansas City, MO 64114

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Richard D. McRae

4.3 STREET ADDRESS 5454 W. 110th Street

4.4 CITY-ST-ZIP Overland Park, KS 66211

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 Michael B. Fuller

6.3 STREET ADDRESS 5454 W. 110th Street

6.4 CITY-ST-ZIP Overland Park, KS 66211

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:  Mark Beshears

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
Date

(516) 854-7611
Daytime Phone #

CR2E034 (11/98)