

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

04-29-1999 90247 048 \*\*\*150.00

0551012

DOCUMENT # 176356

1. Corporation Name  
ALLTEL FLORIDA, INC.

Principal Place of Business

206 WHITE AVE SE  
P.O. BOX 550  
LIVE OAK FL 32060-0343

Mailing Address

ONE ALLIED DR  
P O BOX 2177  
LITTLE ROCK AR 72203  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1953

4. FEI Number

59-0717786

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, GEORGE W  
206 WHITE AVENUE, S.E.  
LIVE OAK FL 32060

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME FLYNN, MIKE  
STREET ADDRESS ONE ALLIED DRIVE  
CITY-ST-ZIP LITTLE ROCK AR 72202

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GADBERRY, JAMES  
STREET ADDRESS ONE ALLIED DRIVE  
CITY-ST-ZIP LITTLE ROCK AR

2.1 TITLE ☐ Change ☐ Addition

TITLE DV ☐ DELETE

NAME GALLOWAY, CHARLES  
STREET ADDRESS ONE ALLIED DRIVE  
CITY-ST-ZIP LITTLE ROCK AR 72202

2.2 NAME ☐ Change ☐ Addition

TITLE AS ☐ DELETE

NAME CAMERON, DAVID  
STREET ADDRESS ONE ALLIED DRIVE  
CITY-ST-ZIP LITTLE ROCK AR 72202

3.1 TITLE ☐ Change ☐ Addition

TITLE P ☐ DELETE

NAME BRASHEAR, RICHARD H  
STREET ADDRESS 206 WHITE AVENUE S.E.  
CITY-ST-ZIP LIVE OAK FL 32060

4.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME FRANTZ, FRANCIS X  
STREET ADDRESS ONE ALLIED DRIVE  
CITY-ST-ZIP LITTLE ROCK AR 72202

5.1 TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

(501) 905-5270

Date

Daytime Phone #

CR2E034 (11/98)