

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 09 1996 8:00 am  
Secretary of State

DOCUMENT # 295479 (0)

1. Corporation Name

MOBILECOMM OF FLORIDA, INC.



Principal Place of Business

1800 E COUNTY LINE RD SUITE 300  
RIDGELAND MS 39157

Mailing Address

1800 E COUNTY LINE RD SUITE 300  
RIDGELAND MS 39157

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
08/03/1965

3a. Date of Last Report  
01/30/1995

4. FEI Number

59-1197602

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | PD                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | PAZIAN, STEPHEN           |  |
| STREET ADDRESS | 1800 E COUNTY LINE RD300  |  |
| CITY- ST- ZIP  | RIDGELAND MS              |  |
| TITLE          | VT                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | GROTHE JR, K WILLIAM      |  |
| STREET ADDRESS | 1800 E COUNTY LINE RD300  |  |
| CITY- ST- ZIP  | RIDGELAND MS              |  |
| TITLE          | S                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | BARKSDALE, CLAIBORNE      |  |
| STREET ADDRESS | 1800 E COUNTY LINE RD 300 |  |
| CITY- ST- ZIP  | RIDGELAND MS              |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | HAMM, CHARLES S           |  |
| STREET ADDRESS | 1800 E COUNTY LINE RD 300 |  |
| CITY- ST- ZIP  | RIDGELAND MS              |  |
| TITLE          |                           | <input type="checkbox"/> DELETE            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY- ST- ZIP  |                           |  |
| TITLE          |                           | <input type="checkbox"/> DELETE            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY- ST- ZIP  |                           |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                              |  |
|--------------------|------------------------------|--|
| 1.1 TITLE          | P/D                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | JOHN M. KEALEY               |  |
| 1.3 STREET ADDRESS | 65 CHALLENGER RD, 5TH FLOOR  |  |
| 1.4 CITY- ST- ZIP  | RIDGEFIELD PARK NJ 07660     |  |
| 2.1 TITLE          | V                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | GLYNN INGRAM                 |  |
| 2.3 STREET ADDRESS | 1800 E COUNTY LINE RD, # 300 |  |
| 2.4 CITY- ST- ZIP  | RIDGELAND MS 39157           |  |
| 3.1 TITLE          | V/S/D                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | KENNETH R. MCQUAY            |  |
| 3.3 STREET ADDRESS | 65 CHALLENGER RD, 5TH FLOOR  |  |
| 3.4 CITY- ST- ZIP  | RIDGEFIELD PARK NJ 07660     |  |
| 4.1 TITLE          | V/T                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | SANTO PITTSMAN               |  |
| 4.3 STREET ADDRESS | 65 CHALLENGER RD, 5TH FLOOR  |  |
| 4.4 CITY- ST- ZIP  | RIDGEFIELD PARK NJ 07660     |  |
| 5.1 TITLE          | D                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | GREGORY RORKE                |  |
| 5.3 STREET ADDRESS | 65 CHALLENGER RD, 5TH FLOOR  |  |
| 5.4 CITY- ST- ZIP  | RIDGEFIELD PARK NJ 07660     |  |
| 6.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                              |  |
| 6.3 STREET ADDRESS |                              |  |
| 6.4 CITY- ST- ZIP  |                              |  |

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:

*Glynn Ingram*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLYNN INGRAM 2/5/96 (601)977-0888  
Date Daytime Phone #

CR2E034 (12/95)