

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

FILED

Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **367658** (2)
1. Corporation Name
INDIANTOWN TELEPHONE SYSTEM, INC.

Principal Place of Business WARFIELD BLVD. POST OFFICE BOX 277 INDIANTOWN FL 34956-0277	Mailing Address WARFIELD BLVD. POST OFFICE BOX 277 INDIANTOWN FL 34956-0277
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/24/1970		3a. Date of Last Report 05/01/1996	
				4. FEI Number 13-2663101		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 POST, ROBERT M. JR. 18001 S.W. MARKET ST INDIANTOWN FL 34956				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			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE		☐ Change ☐ Addition	
NAME	POST, JR., ROBERT M.			1.2 NAME			
STREET ADDRESS	18001 S.W. MARKET STREET			1.3 STREET ADDRESS			
CITY - ST - ZIP	INDIANTOWN FL			1.4 CITY - ST - ZIP			
TITLE	TD	☒ DELETE		2.1 TITLE	VD	☐ Change ☒ Addition	
NAME	ABUHOFF, FLEUR			2.2 NAME	FOWLER, WILLIAM		
STREET ADDRESS	23 W. JOHN ST.			2.3 STREET ADDRESS	15925 S. W. Warfield Blvd.		
CITY - ST - ZIP	HICKSVILLE NY			2.4 CITY - ST - ZIP	Indiantown, FL. 34956		
TITLE	VP	☒ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME	DENNIS, CHARLES L.			3.2 NAME			
STREET ADDRESS	WARFIELD BLVD.			3.3 STREET ADDRESS			
CITY - ST - ZIP	INDIANTOWN FL			3.4 CITY - ST - ZIP			
TITLE	SD	☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME	GENTRY, ELIZABETH A.			4.2 NAME			
STREET ADDRESS	WEST FARMS RD			4.3 STREET ADDRESS			
CITY - ST - ZIP	INDIANTOWN FL			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE		5.1 TITLE	D	☐ Change ☒ Addition	
NAME				5.2 NAME	BEARD, THOMAS		
STREET ADDRESS				5.3 STREET ADDRESS	5220 Greystoke Lane		
CITY - ST - ZIP				5.4 CITY - ST - ZIP	Tallahassee, FL. 32308		
TITLE		☐ DELETE		6.1 TITLE	D	☐ Change ☒ Addition	
NAME				6.2 NAME	REY-MILLET, YVES JACQUES		
STREET ADDRESS				6.3 STREET ADDRESS	16001 S. W. Market Street		
CITY - ST - ZIP				6.4 CITY - ST - ZIP	Indiantown, FL. 34956		

14. I do 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.

SIGNATURE: _____

[Handwritten signatures and dates] 2/2/97 (561) 97-2104

CR2E034 (9/96)