

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000000998 (5)**

1. Corporation Name

FIRST COMMUNICATIONS OF TALLAHASSEE, INC.



Principal Place of Business

Mailing Address

P.O. BOX 20305
TALLAHASSEE FL 32316

P.O. BOX 20305
TALLAHASSEE FL 32316

2. P. No.

2a. Mailing Address

22. Suite, Apt., etc.
234 Blountstown Hwy

27. Suite, Apt., etc.

23. City & State
Tallahassee, FL

28. City & State
Tallahassee, FL

24. Zip
32304

25. Country
LEON

29. Zip
32316

30. Country
LEON

3. Date incorporated or Qualified

02/23/1993

3a. Date of Last Report

04/07/1995

4. FEI Number

59-3133880

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

**LIVINGSTON, CHARLES C JR.
234 BLOUNTSTOWN HIGHWAY
TALLAHASSEE FL 32304**

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 office location

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, CHARLES C JR.	
STREET ADDRESS	6413 KINGMAN TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SWEENEY, TRACY M.	
STREET ADDRESS	7099 CALICO CIR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYETTE, BETTY A	
STREET ADDRESS	ROUTE 3, BOX 194	
CITY-ST-ZIP	CAIRO GA 31728	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, JEFFREY C	
STREET ADDRESS	5052 TALLOW POINT ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWEENEY, TRACY M	
STREET ADDRESS	7099 CALICO CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STD Sweeney, Tracy M.
2.3 STREET ADDRESS	7099 Calico Cir
2.4 CITY-ST-ZIP	Tallahassee, FL 32303
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: *Michelle Sweeney* **Michelle Sweeney**

3/20/96

576-7113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Office Phone #

CR2E034 (12/95)