

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

FILED
Jun 16 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 # F93000000998 (5)
 1. Corporation Name
FIRST COMMUNICATIONS, INC.



Principal Place of Business P.O. BOX 20305 234 BLOUNTSTOWN HWY TALLAHASSEE FL 32304 US	Mailing Address PO BOX 2234 TALLAHASSEE FL 32316-2234 US
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Country
23 Zip	28 Country
24 Zip	29 Country
25 Country	30 Country

3. Date Incorporated or Qualified 02/23/1993	3a. Date of Last Report 03/27/1996
4. FEI Number 59-3133880	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, CHARLES C JR.	
STREET ADDRESS	8413 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	8052 TALLOW POINT ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SWEENEY, TRACY M	
STREET ADDRESS	7099 CALICO CR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sweeney, Tracy M.
2.3 STREET ADDRESS	7099 Calico Cr.
2.4 CITY-ST-ZIP	Tallahassee, FL 32303
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Boyet, Betty A.
3.3 STREET ADDRESS	PO Box 221
3.4 CITY-ST-ZIP	Attapulgus, GA 31715
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 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: *Michele Sweeney* 4/30/97 904-576-7113

CR2E034 (9/96)