

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # F93000000998 (5)
 1. Corporation Name
FIRST COMMUNICATIONS, INC.

Principal Place of Business Mailing Address

**P.O. BOX 20305
 234 BLOUNTSTOWN HWY
 TALLAHASSEE FL 32304
 US**

**PO BOX 2234
 TALLAHASSEE FL 32316
 US**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
02/23/1993

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 **Tracy M. Sweeney**

82 Street Address (P.O. Bx. Number is Not Acceptable)
7099 Calico Cir.

83

84 City **Tallahassee** FL 85 Zip Code **32303**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 607.05, Florida Statutes.

SIGNATURE: **Tracy Michelle Sweeney - Sec - Treas** **Tracy Michelle Sweeney** 4/30/98

Signature, typed or printed name of registered agent and title if applicable (NOTE - Registered Agent must sign) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, CHARLES C JR.	
STREET ADDRESS	6413 KINGMAN TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	STD	<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	P.O. BOX 221	
CITY-ST-ZIP	ATTAPULGAS GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, JEFFREY C	
STREET ADDRESS	5052 TALLOW POINT ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
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	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Charles C. Livingston, Jr.	
1.3 STREET ADDRESS	906 Sherman Rd.	
1.4 CITY-ST-ZIP	Cairo, GA 31728	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	LD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Livingston Jeffrey C.	
4.3 STREET ADDRESS	Rt 5 Box 260	
4.4 CITY-ST-ZIP	Quincy, FL 32351	
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 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: *Michelle Sweeney* 4/30/98 830 5767113

CR2E034 (10/97)