

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90193 029 ***158.75

DOCUMENT # F93000000998

1. Entity 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 32316-2234
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3133880

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWEENEY, T M
7099 CALICO CR
TALL FL 32303

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____

 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PCD	LIVINGSTON, CHARLES C JR.		
1906 SHERMAN RD	1906 SHERMAN RD		
CAIRO GA 31728	CAIRO GA 31728		
STD	SWEENEY, TRACY M.		
7099 CALICO CIR	7099 CALICO CIR		
TALLAHASSEE FL	TALLAHASSEE FL		
D	BOYETT, BETTY A		
P.O. BOX 221	P.O. BOX 221		
ATTAPULGAS GA	ATTAPULGAS GA		
D	LIVINGSTON, JEFFREY C		
RT 5, BOX 260	RT 5, BOX 260		
QUINCY FL 32357	QUINCY FL 32357		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00

576-7113

CR2E034 (9/99)