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Apr 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000004503 (9)

1. Corporation Name

EASTERN TELECOM OF GEORGIA, INC.

Principal Place of Business

910 FIRST AVENUE
WEST POINT GA 31833

Mailing Address

P.O. BOX 510
WEST POINT GA 31833-0510



3. Date Incorporated or Qualified
10/06/1993

3a. Date of Last Report
03/15/1996

4. FEI Number
58-1501247

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

VILLACORTA, KATHLEEN ESQ.
C/O WIGGINS & VILLACORTA, P.A.
501 E. TENNESSEE ST., STE. B
TALLAHASSEE FL 32302

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WALKER, ANDREW M
STREET ADDRESS 206 WEST NORTH ST
CITY-ST-ZIP WEST POINT GA ☐ DELETE

TITLE V
NAME SHUMATE, DOUGLAS A
STREET ADDRESS 910 FIRST AVENUE
CITY-ST-ZIP WEST POINT GA 31833 ☐ DELETE

TITLE S
NAME COX, J. DOUGLAS
STREET ADDRESS 910 FIRST AVENUE
CITY-ST-ZIP WEST POINT GA 31833 ☐ DELETE

TITLE CD
NAME LANIER, J. SMITH II
STREET ADDRESS 910 FIRST AVENUE
CITY-ST-ZIP WEST POINT GA 31833 ☐ DELETE

TITLE VCD
NAME PARR, WILLIAM T
STREET ADDRESS 910 FIRST AVENUE
CITY-ST-ZIP WEST POINT GA 31833 ☐ DELETE

TITLE D
NAME DAVENPORT, MALCOLM C V
STREET ADDRESS 910 FIRST AVENUE
CITY-ST-ZIP WEST POINT GA 31833 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: X

Douglas A Shumate 2/28/97 (706) 645-8189

CR2E034 (9/96)