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Feb 18 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 # F93000004848 (8)

1. Corporation Name
LONG COMMUNICATIONS GROUP, INC.

Principal Place of Business:

961 BURKE ST.
WINSTON-SALEM NC 27101

Mailing Address:

961 BURKE ST.
WINSTON-SALEM NC 27101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 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: Type the printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VP BULLINS, SPENCER 961 BURKE ST. WINSTON-SALEM NC 27101
AVP DAVIDSON, JOE 961 BURKE ST. WINSTON-SALEM NC 27101
AVPS STEVENS, EMILY J 961 BURKE ST. WINSTON-SALEM NC 27101
D LONG, MATT R JR 961 BURKE ST. WINSTON-SALEM NC 27101
D MATTOCKS, N. RANDOLPH JR 961 BURKE ST. WINSTON-SALEM NC 27101

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President
12 NAME Rudisill, Guy
13 STREET ADDRESS 961 Burke St.
14 CITY-ST-ZIP Winston-Salem NC 27101
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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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:

Emily J. Stevens

2/11/98 331-735-2306

CR2E034 (10/97)