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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

F94000001769 (8)

DOCUMENT # F9
1. Corporation Name
PALMER WIRELESS, INC.

Principal Place of Business	Mailing Address
12800 UNIVERSITY DR., #500	12800 UNIVERSITY DR., #500
FT 11/1000 Ft 80003 0000	ET MVEDS & 93007 E333



FI MIERO FL	. 33907-5333	FT MYERS FL 33907-5	333					
					3. Date Incorporated or Qualified 04/07/1994	3a. Date o 05	of Last Re /01/199	port 15
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	. L · -·	A	pplied For
		26			65-0456627			lot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		+	Additional tequired
2]		27			a Fig. Commiss Figures			
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		,
Zip Country			Zip Country		8. This corporation has liability for it	ntangible tax	under s	199.032,
]	25	29	30		Florida Statutes 🔀 Yes	□ No		
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New R	egistered A	gent	
			81	Name				
	PORATION SYSTEM		82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
	PINE ISLAND RD.							
PLANTA	TION FL 33324		83					
			84	City			85 Z#	Code
				L	ration submits this statement for the pur	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	
BIGNATURE _	Signature, typed or printed mane of registered agents OFFICERS AND		OTE: Ruj stered Age ■ 13.	n signature require	ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	RS IN 12
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I turtler 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

447 941-433-4350

Daytinie Prvonc #