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FILED

Apr 14 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 # F94000001769 (8)

1. Corporation Name

PALMER WIRELESS, INC.

Principal Place of Business  
12800 UNIVERSITY DR., #500  
FT MYERS FL 33907-5333

Mailing Address  
12800 UNIVERSITY DR., #500  
FT MYERS FL 33907-5337

3. Date Incorporated or Qualified  
04/07/1994

3a. Date of Last Report  
03/04/1996

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

4. FEI Number  
65-0456627

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RYAN, WILLIAM J	
STREET ADDRESS	12800 UNIVERSITY DR., 500	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ENGELHARDT, ROBERT G	
STREET ADDRESS	12800 UNIVERSITY DR., 500	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WISEHART, M W	
STREET ADDRESS	12800 UNIVERSITY DR., 500	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HENSEN, LEON J	
STREET ADDRESS	12800 UNIVERSITY DR., 500	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MEEHAN, K P	
STREET ADDRESS	12800 UNIVERSITY DR., 500	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCLOSKEY, THOMAS D JR	
STREET ADDRESS	12800 UNIVERSITY DR., 500	
CITY-ST-ZIP	FT MYERS FL 33907	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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:

*M. Wayne Wisehart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Wayne Wisehart

3-31-97

941-433-4350

Date

Daytime Phone #

0396491

CR2E034 (9/96)