FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001770 (6)**

1. Corporation Name

PALMER WIRELESS HOLDINGS, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/07/1994	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / Country 29 / 30

4. FEI Number	Applied For / Not Applicable
65-0477815	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	RYAN, WILLIAM J	12 NAME	
STREET ADDRESS	12800 UNIVERSITY DR., #500	13 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	ENGELHARDT, ROBERT G	22 NAME	
STREET ADDRESS	12800 UNIVERSITY DR., #500	23 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907	24 CITY-ST-ZIP	
TITLE	VT	31 TITLE	☐ Change ☐ Addition
NAME	WISEHART, M W	32 NAME	
STREET ADDRESS	12800 UNIVERSITY DR., #500	33 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	HENSEN, LEON J	42 NAME	
STREET ADDRESS	12800 UNIVERSITY DR., #500	43 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907	44 CITY-ST-ZIP	
TITLE	VS	51 TITLE V	☒ Change ☐ Addition
NAME	MEEHAN, K P	52 NAME	
STREET ADDRESS	12800 UNIVERSITY DR., #500	53 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PALMER, VICKIE A	62 NAME	
STREET ADDRESS	3434 E. KIMBERLY RD.	63 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT IA 52807	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 — 4/25/95 — 813-433-4350

SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0321280 CP