

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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
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DOCUMENT # F94000001770 (6)

1. Corporation Name

PALMER WIRELESS HOLDINGS, 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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/07/1994	3a. Date of Last Report 03/04/1996
21		26		4. FEI Number 65-0477815	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

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

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 the 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, WILLIAM J	1.2 NAME	
STREET ADDRESS	12800 UNIVERSITY DR., #500	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELHARDT, ROBERT G	2.2 NAME	
STREET ADDRESS	12800 UNIVERSITY DR., #500	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISEHART, M W	3.2 NAME	
STREET ADDRESS	12800 UNIVERSITY DR., #500	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSEN, LEON J	4.2 NAME	
STREET ADDRESS	12800 UNIVERSITY DR., #500	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEHAN, K P	5.2 NAME	
STREET ADDRESS	12800 UNIVERSITY DR., #500	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, VICKIE A	6.2 NAME	
STREET ADDRESS	PO BOX 67	6.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON IA	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:

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

Wayne Wisehart

3-31-97

941-433-4350

Date

Daytime Phone #

CR2E034 (9/96)