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Mar 26 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 # F95000004535 (9)

1. Corporation Name

CFW COMMUNICATIONS SERVICES INC.

Principal Place of Business

401 SPRING LN #300
WAYNESBORO VA 22980

Mailing Address

PO BOX 1990 #300
WAYNESBORO VA 22980

3. Date Incorporated or Qualified

09/18/1995

3a. Date of Last Report

06/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

54-1701202

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	QUARFORTH, JAMES S	
STREET ADDRESS	401 SPRING LN #300	
CITY - ST - ZIP	WAYNESBORO VA 22980	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROSBERG, CARL A	
STREET ADDRESS	401 SPRING LN #300	
CITY - ST - ZIP	WAYNESBORO VA 22980	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	SMITH, CHRISTINA S	
STREET ADDRESS	401 SPRING LN #300	
CITY - ST - ZIP	WAYNESBORO VA 22980	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONEYMAKER, M.B.	
STREET ADDRESS	401 SPRING LN #300	
CITY - ST - ZIP	WAYNESBORO VA 22980	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COYNER, G.S.	
STREET ADDRESS	401 SPRING LN #300	
CITY - ST - ZIP	WAYNESBORO VA 22980	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MADISON, SHIRLEY J	
STREET ADDRESS	401 SPRING LN #300	
CITY - ST - ZIP	WAYNESBORO VA 22980	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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. S. Coynes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/11/97

Daytime Phone

5409463515

CR2E034 (9/96)