FILED Apr 26, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000002525

HOMETOWN TELEPHONE OF FLORIDA, INC.

Principal P ace of Business Mailing Address							1 001100 1119 1915	1 (89K 89K 88K)	II B B 111 B B	1114 118) .	15 20 1 8 151 18 8 1
401 CARLSON CIRCLE SAN MARCOS TX 78666		401 CARLSON CIRCLE SAN MARCOS TX 78666										
SAN MARIOUS	1 70000	OH MANOO IA 1900				DO NOT WRITE IN THIS SPACE						
						3.	Date incorporated	or Qualifed				
							05/ <u>12/19</u> 97					
2. Principal Pl	ace of Business	2a. Mailing Address				4.	FEI Number			L		plied For
21		26					74-2829868					1 Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certificate of Status	s Desired 🔲				dditional quired	
22		27										
City & 5-tate	9	City & State				Electic n Campaign			\$5.00 May Be Added to Fees			
23	Country	28	Coun	try			Trust Fund Contrib This corporation of		opr Into			01665
Zip	25	⊢ ' ⊢	0	., у			Personal Property		ear inta	Ye		□No
24	9. Name and Address of Current		<u>" </u>				Name and Addres		tered A	gent		
·	5. Name and Address of Contone	- Tagiota vigori	- 1	31	Name							
C T CORPORATION SYSTEM			-		- · ·	<u> </u>	O Da i Niverbau ia	Not Assentable)				
1200	SOUTH PINE ISLAND ROAD		,	32	Street	A laress (P.	.O. Bok Number is	Not Acceptable)				
PLAN	NTATION FL 33324		Ī	В3								
				-	0.1					85	Zip (odo
				84	City				FL	33	Zip t	.000
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the ab	ove	named	corporation	subm ts this stater	ment for the purp	ose of o	hang	ing its	registered
office or re	egistered agent, or both, in the State of manufacturing the manufacturing the obligation of the obliga	t Florida. Such change was aut	norized	Dy ti	he corpo	oration's bo	pard of directors, in	вегеру ассерите	арзоп	unen	asie	dizielen
SIGNATURE	g											
SIGNATURE	Signature, typed or printed n ime of registered ager t		egistered A	gent	signature r	ecuired when re			ATE			
12.	OFFICERS AND		13.				ADDITIONS/CHANG	GES TO OFFICE	RS ANI	D DIR		RS IN 12
TITLE	DP	☐ DELETE	1.1 TITL								ianye	C. Accilion
NAME	LOVELADY, HAROLD E		1.2 NAME									
STREET ADDRESS	401 CARLSON CIRCLE		1.3 STREET ADDRESS									
CITY-ST-ZIP	SAN MARCOS TX 78666	☐ DELETE	1.4 CITY-5		ZIP	ļ. ——					anne	Addition
TITLE	DS DATE OF THE PARTY A	☐ DELETE	2.1 TITLE								ango	
NAME	BATZ, SALLY A		2.2 NAME									
STREET ADDRESS	6881 SE NORTH MARINA WAY		2.3 STREE									ł
CITY-ST-ZIP	STUART FL 34996 V	□ DELETE	3.1 TITLE		- ZIP					[](nange	Addition
TITLE	•	- Deceie	3.2 NAME								· ·	
NAME	RAINOSEK, BERNICE 401 CARLSON CIRCLE		3.2 NAME 3.3 STREE		nnneee							
STREET ADDFESS	SAN MARCOS TX 78666		3.4. CITY-5									
CITY-ST-ZIP TITLE	3AN MANCOS 1X 70000	☐ DELETE	4.1 TITLE		- <u>ZIF</u>	VICE !	PRE:SIDENT			C	nange	Addition
NAME			4. 2 NA			Jerr	4 TAMES	5				
STREET ADDF ESS			1		ADDRESS	401	Carlson	Circle				
CITY-ST-ZIP			4.4 CITY-5			SAN	MARCO	X 7	36.66	,		
TITLE		☐ DELETE	5 1 TITL								nange	Addition
NAME			5.2 NAN	Æ		[
STREET ADDF ESS			5.3 STR	EET	ADDRESS	1						
CITY-ST-ZIP			5.4 CIT	/-ST	ZIP							
TITLE		☐ DELETE	6.1 TITL	E		<u> </u>				C	nange	Addition
			1			1						1

14. There by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.C7(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 signs ture shall have the same legal effect as if made under oath; that I am an office 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 it changed, or on a statischment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDEESS

CITY-ST-ZIP