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**

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90059 016 ***150.00

DOCUMENT # **F9700006452**1. Corporation Name

WIRELESS ONE OF FLORIDA, INC.

Prin	cipal F	Place	of Busi	iness	
1600		AND	DDB/E	CHITE	ac

Mailing Address

2506 LAKELAND DRIVE. SUITE 403



JACKSON MI 39200	JACKSON MI 39200		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed			
			12/08/1997			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For			
21	26		72-1344122 64 - 0886331 Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional			
22	27		Fee Required			
City 4 State 23 UCKSON MS	City & State	ns_	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country 24 39208 [25]	29 39208 30 Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM		81 Na	Name			
1200 SOUTH PINE ISLAND ROAD		82 Str	Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324						
		84 Cit	City FL 85 Zip Code			
		83 Cit	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 byted or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	Signature, typed or printed name of registered agent and title if app OFFICERS AND DIRECT		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
		□ DELETE	1.1 TITLE	NBBITTOTICIE I A TELEVISIONE	Change	☐ Addition				
TITLE	C	[DELETE			L					
NAME .	STERNBERG, HANS		1.2 NAME							
STREET ADDRESS	7800 OFFICE PARK BLVD		1.3 STREET ADDRESS							
CITY-ST-ZIP	BATON ROUGE LA 70809-6703		1.4 CITY+ST+ZIP							
TITLE	CEOP	☐ DĒLĒTE	2.1 TITLE		Change	☐ Addition				
NAME	BURKHALTER, HENRY		2.2 NAME		_					
STREET ADDRESS	1080 RIVER OAKS DRIVE, STE. A-150		2.3 STREET ADDRESS	2506 Lakeland Dr., Ste. Go	00					
CITY-ST-ZIP	JACKSON MS 39208		2. 4 CITY-ST-ZIP	Jackson, MS 39208						
TITLE	CFOV	☐ DELETE	3.1 TITLE	•	Change	☐ Addition				
NAME	SCHOPFER, HENRY G		3.2 NAME	, s Sław (100						
STREET ADDRESS	1080 RIVER OAKS DRIVE, STE. A-150		3.3 STREET ADDRESS	2506 Lake land Dr., Ste. 600						
CITY-ST-ZIP	JACKSON MS 39208		3.4. CITY-ST-ZIP	Jackson, MS 34208						
TITLE	VP	DELETE	4.1 TITLE	VP, Treasurer	Change	Addition				
NAME	ELLIS, MICHAEL C		4. 2 NAME	Laurence O. Woolhiser, Ur.						
STREET ADDRESS	2506 LAKELAND DRIVE STE 400		4.3 STREET ADDRESS	2506 Lakeland Dr., Ste. 401	}					
CITY-ST-ZIP	JACKSON MS 39208		4.4 CITY-ST-ZIP	Jackson MS 39208						
TITLE	D	☐ DELETE	5.1 TITLE	,	☐ Change	☐ Addition				
NAME	MCHENRY, CARROLL		5.2 NAME							
STREET ADDRESS	200 CHISOLM PLACE STE. 200		5.3 STREET ADDRESS							
CITY-ST-ZIP	PLANO TX 75075		5.4 CITY-ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE	Exec. V.P., COO	Change	Addition				
NAME			6.2 NAME	Ernest B. Yates						
STREET ADDRESS			6.3 STREET ADDRESS	and the control to the party and						
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Jackson, Ms 39208						

14. I 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 suppliemental 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 of 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: