

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

0549526

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90064 040 \*\*\*150.00

DOCUMENT # **F98000000639**

1. Corporation Name  
**NOW COMMUNICATIONS, INC.**

Principal Place of Business  
P.O. BOX 807  
JACKSON MS 39205-0807

Mailing Address  
P.O. BOX 807  
JACKSON MS 39205-0807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

3. Date Incorporated or Qualified

02/03/1998

4. FEI Number

64-0874586

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CEO ☐ DELETE  
NAME SEAB, LARRY W  
STREET ADDRESS 713 COUNTRY PLACE DRIVE  
CITY-ST-ZIP JACKSON MS

1.1 TITLE COMPTROLLER ☐ Change ☒ Addition  
1.2 NAME STEVE JENNINGS  
1.3 STREET ADDRESS 150 SUMMIT RIDGE  
1.4 CITY-ST-ZIP BRIMMON, MS 39042

TITLE STD ☐ DELETE  
NAME MCGUFFEE, CHARLES W  
STREET ADDRESS 211 LYNN LANE  
CITY-ST-ZIP CLINTON MS

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition  
2.2 NAME R. SCOTT SEAB  
2.3 STREET ADDRESS 310 W. CHEYENNE ROAD  
2.4 CITY-ST-ZIP COLORADO SPRINGS, CO 80906

TITLE VD ☒ DELETE  
NAME GOTCHER, PERRY D  
STREET ADDRESS 211 LYNN LANE  
CITY-ST-ZIP CLINTON MS

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME DOWNS, JAMES R  
STREET ADDRESS 1105 OAKHURST DR.  
CITY-ST-ZIP BROOMFIELD CO

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME MILLER, JAMES E  
STREET ADDRESS 80 RIVER COURT PKWY  
CITY-ST-ZIP ATLANTA GA

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

*Larry W. Seab* **LARRY W. SEAB, PRESIDENT** 1/13/99 601-949-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)