## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUME:NT #

WINDSTREAM UTILITIES COMPANY										
Principal Place	of Business	Mailing Address					I BIII DIBI OLDU	81811 <b>9</b> 19		
2931 NW 8T OGALA FL 3	P.O. BOX 4201 OCALA FL 34478									
						3. Date Incorporated or Qualified 02/09/1984	3a. Date of 05,	Last Re /18/19		
2. Principal Place	ce of Business	2a. Mailing Address 26	, Mailing Address			FO 0000070			Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				SR 75 Additional				
22		27	.4			J. Oertilicate of Status Desired		Fee	Required	
City & State		City & State	<sub>1</sub>			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Ζφ	Country	Zip	<del></del>	ıntry	,	This corporation has liability for intangible tax under s 199.032,     Florida Statutes				
24	9. Name and Address of Cui	rent Registered Agent	30	т		Florida Statutes Yes  10. Name and Address of New Re				
	9. Name and Address of Cui	rrent negistered Agent		81	Name	10. Name and Address of New N	egistered Ag	JIN .		
DI OLIH	y, sharon									
	. 49TH AVE.			82	Street Addres	ress (P.O. Box Number is Not Acceptable)				
P.O.BO	X 186			83						
OCALA	FL 32678			84	City		FL	85 Zıp	p Code	
11 Pursuant to	the provisions of Sections 607.0	502 and 607 1508 Florida Statute	s the aho	Ve-r	named corporal	tion submits this statement for the purp		ing its r	registered office	
SIGNATURE s	ignature, typed or printed name of registered a OFFICERS	AND DIRECTORS	13.		nt signature required t	when reinstating! ADDITIONS/CHANGES TO OFFI	<u>-</u> _		<u></u>	
TITLE	PD DLOUHY, SHARON	☐ DELETE	DELETE 1.1				L) (	Change	Addition	
NAME GEOGRA ADODESS	700 S.E. 49TH AVE.			2 NAME						
STREET ADDRESS ONLY-ST-ZIP	OCALA FL		1.3 STREET ADDR 1.4 DITY-ST-ZiP							
TITLE	20,42112	DELFTE	2 1 1		71-21			Change	Addition	
NAME			22 N	2 2 NAME						
STHEFT ADDRESS			23S	TREET	ADDRESS					
CITY-SI-ZIP		2 4 CITY - ST - Z-P			· · · · · · · · · · · · · · · · · · ·					
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NAME			32 N							
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP TITLE		☐ DELFTE	4.11		ST-Z-P	<del></del>		Change	Addition	
NAME		<b>_</b>	4 2 N		İ			•		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4.4 0	(TY-S	ST - 7:P					
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NAME			5 2 N							
STREET ADDRESS			535	TAEET	ADDRESS					
CITY - ST - ZIP		T DE CTC			ST - ZIP			Change	Addition	
TITLE		DELETE	6 1 1 6 2 N				LJ.	Change	☐ Addition	
NAME CIRCLI ADDRESS					ADDRESS					
STREET ADDRESS CITY-ST-ZIP					TADDRESS ST-ZIP					
14. I do hereby certify that oath; that I	the information indicated on this a am an officer or director of the co	angual report or supplemental annu	shed and al report empowe	doe	s not qualify for	r the exemption stated in Section 119.1 e and that my signature shall have the report as required by Chapter 607, Flo	same legal effe	act as if	f made under	

SIGNATURE: \_

SHARON DOUNG

4/24/96 (353)620-8290