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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # G84025

(7)

WINDSTREAM UTILITIES COMPANY

| Principal Place of Business | Mailing Address | - |
|-------------------------------------|--------------------------------------|---|
| 2931 NW 8TH PLACE OCALA FL 34475 | P.O. BOX 4201 OCALA FL 34478-4201 | |
| | | |
| 2. Principal Place of Business | 2a. Mailing Address | |

13 if changed, or on an attachment with an address.

appears in Block 12 or Block

FILED May 15 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

Not Applicable

04/26/1996



3. Date Incorporated or Qualified

02/09/1984

59-2382672

4. FEI Number

| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired See Required Fee Required | | |
|---|--|----------------------------------|-----------------------|--|--|--|
| City & Stat | CALA FL | City & State | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| | Country | Zip | Country | 8. This corporation has liability for intangible tax under s. 199.032, | | |
| 24 | 34475 25 USA | 29 | 30 | Florida Statutes X Yes No | | |
| | g, Name and Address of Curre | ent Registered Agent | | 10. Name and Address of New Registered Agent | | |
| DLC | DUHY, SHARON | | 81 Na | ame | | |
| 700 | S.E. 49TH AVE. | | 82 St | reet Address (P.O. Box Number is Not Acceptable) | | |
| P.O.BOX 186 | | | 02 00 | ou Street Address (1.55, box Number is Not Acceptable) | | |
| OC | ALA FL 32678 | | 83 | | | |
| | | | 104 | | | |
| | | | 84 Ci | fy 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, 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. [NO1]. Registered Agent signature required when reinstating) DATE | | | | | | |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | PD | DELETE | 1.1 TITLE | Change Addition | | |
| NAME | DLOUHY, SHARON | | 1.2 NAME | | | |
| STREET ADDRESS | 700 S.E. 49TH AVE. | | 1.3 STREET ADDR | FSS | | |
| CITY-ST-ZIP | OCALA FL | | 1.4 CITY - \$1 - ZIP | | | |
| TITLE | | ☐ DELFTE | 2111111 | Change Addition | | |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADDR | HSS | | |
| CITY-ST-ZIP | | | 2.4 CITY - S1 - ZIF | | | |
| TITLE | | DELETE | 3.1 TITLE | Change Addition | | |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDR | ESS | | |
| CITY-ST-ZIP | | | 3 4. CITY - ST - 7:F | | | |
| TITLE | | ☐ DELETE | 4 1 1HLF | Change Addition | | |
| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDR | FSS | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - 7iP | | | |
| TITLE | | ☐ DELETE | 51 TITLE | Change Addition | | |
| NAME | | | 5 2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDR | ess | | |
| CITY-ST-ZIP | | | 5.4 Cily-S1-ZiP | | | |
| TITLE | | DELFTE | 6.1 TITLE | _ Change Addition | | |
| NAME | | | 6.2 NAME | 1CN | | |
| STREET ADDRESS | | | 6.3 STREET ADDR | rss Sie | | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | -GN | | |
| 14. I do herel | by certify that the information suppli | ed with this filing does not qua | alify for the exempti | on stated in Section 1 (6) 1 (19) (19) (19) (19) (19) (19) (19) (| | |
| information indicated on this annual report or supplemental annual report is true and accurate and that my signature the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by shapter 607, Florida Statutes; and that my name | | | | | | |