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

## FILED Jun 25 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G84025 (7) WINDSTREAM UTILITIES COMPANY Principal Place of Business Mailing Address 3002 N.W. 10TH ST P.O. BOX 4201 OCALA FL 34478 OCALA FL 34478 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/09/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2382672 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & Stale \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. ☐ Yes ☐ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 DLOUHY, SHARON 700 S.E. 49TH AVE. Street Address (P.O. Box Number is Not Acceptable) P.O.BOX 186 83 **OCALA FL 32678** 84 City 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. Thereby 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 regestered agent and rife if apple which (NOTE: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE DLOUHY, SHARON NAME 1.2 NAME 700 S.E. 49TH AVE STREET ADDRESS 1.3 STREET ADDRESS OCALA FL CITY - ST - ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 1111.6 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 3 1 TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5 3 STREET ADDRESS** 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME

CITY-ST-ZIP 6.4 CITY - \$1 - ZIP 14. Thereby 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 or the receiver or trusted 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 any attractment with an address.

**6.3 STREET ADDRESS** 

STREET ADDRESS

6/17/18 (352)620-8290

2E034 (10/97)