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

DOCUMENT # G84025

1. Corporation Name

WINDSTREAM UTILITIES COMPANY

Principal Place	Mailing Address	ss		1 188(III 998) Jeff Charles and a series			
3002 N.W. 10TH ST OCALA FL 34475		P.O. BOX 4201 OCALA FL 34478		DO NOT WRITE IN THI	c cpace		
US					3. Date incorporated or Qualifed 02/09/1984	O OI ACE	
2. Principal PI	ace of Business	2a. Mailing Address			4. FEI Number 59-2382672		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	5. Certifcate of Status Desired		5 Additional e Required
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
Zip	Country 25	Zip 29 3	Country	7	This corporation owes the current year I Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent		.,	10. Name and Address of New Registere	d Agent	
			81	Name			
700	uhy, sharon s.e. 49th ave.		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
P.O.BOX 186 OCALA FL 32678			83				
			84	,	F	ᆸᆝᆝ	Zip Code
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Statm familiar with, and accept the oblig	e of Florida. Such change was aut	norizea av	the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changin ointment a	g its registered is registered
SIGNATURE	Signature, typed or printed name of registered ag	rent and title if applicable (NOTE: F	Registered Age	ent signature require	ed when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Cha	nge 🔲 Addition
NAME	DLOUHY, SHARON		1.2 NAME				
STREET ADDRESS	700 S.E. 49TH AVE.		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	OCALA FL		1.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Cha	nge 🔲 Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	<u></u>		nge
TITLE		☐ DELETE	3.1 TITLE		•	Cha	nge Addition
NAME.			3.2 NAME				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		☐ Cha	nge Addition
TITLE	•	□ ĐỆ¢CIC	4.1 FILE				, D
NAME				: Tadoress			
STREET ADDRESS			4.4 CITY-5				
CITY-ST-ZIP TITLE	,,	☐ DELETE	5.1 TITLE			☐ Cha	inge 🔲 Addition
NAME		<u> </u>	5.2 NAME			_	_
STREET ADDRESS	,	•	5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	nge Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ET ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90017 016 ***150.00