FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996 8-1-96 B-7512

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H88270 (4)

1. Corporation Name

MOBILE COMMUNICATIONS OF FLAGLER COUNTY, INC.

Principal Place of Business

STAR RT.BOX 85-M ×
BUNNELL FL 32110-9709
US

Mailing Address

STAR RT.BOX 85-M ×
BUNNELL FL 32110-9709
US

2. Principal Place of Business
21 405 CR 335
Suite, Apt. #, etc
22
City & State
23 Bunnell, FL
Zip 24 32110
Country 25 Flagler

2a. Mailing Address
26 HC 1, Box 66-B
Suite, Apt. #, etc
27
City & State
28 Bunnell FL
Zip 29 32110-9708
Country 30 US

3. Date Incorporated or Qualified: 12/05/1985

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2609081 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CLEGG, MARVIN
265 C.R. 325
KORONA
BUNNELL FL 32110

10. Name and Address of New Registered Agent

81 Name: Clegg, MARVIN
82 Street Address (P.O. Box Number is Not Acceptable): × 405 C.R. 335
83 × Korona
84 City: Bunnell FL 85 Zip Code 32110

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] Clegg, Pres. — DATE 5-18-96

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	CLEGG, MARVIN	
STREET ADDRESS	ST RTE BOX 85-M ×	
CITY-ST-ZIP	BUNNELL FL	
TITLE	SD	☐ DELETE
NAME	CLEGG, ANNA LEE	
STREET ADDRESS	STAR RT BOX 85M. ×	
CITY-ST-ZIP	BUNNELL FL	
TITLE	VD	☐ DELETE
NAME	HALPIN MICHAEL	
STREET ADDRESS	21923 LK SENECA ROAD	
CITY-ST-ZIP	EUSTIS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	HC 1 Box 66-B	
1.4 CITY-ST-ZIP		
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	HC 1 Box 66-B	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] Clegg Pres./Dir. 5-18-96 904-239-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)