

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

**FILED**

**May 01 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # L12176 (8)**  
1. Corporation Name  
**NETWORK PAGING CORPORATION OF TENNESSEE**



Principal Place of Business: **40 SOUTH PALAFOX PENSACOLA FL 32501-2886 Pensacola, FL 32501**  
Mailing Address: **40 SOUTH PALAFOX PENSACOLA FL 32501 P.O. Box 12063 Pensacola, FL 32590**

2. Principal Place of Business: **804 S. Palafox**  
2a. Mailing Address: **P.O. Box 12063**  
22. Suite, Apt. #, etc.:  
27. Suite, Apt. #, etc.:  
23. City & State: **Pensacola, FL**  
28. City & State: **Pensacola, FL**  
24. Zip: **32501** 25. Country:  
29. Zip: **32590-2063** 30. Country:

3. Date Incorporated or Qualified: **08/25/1989**  
3a. Date of Last Report: **05/01/1996**  
4. FEI Number: **59-3051182**  
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: **NC/O DAN LOZIERR. ONE PLAZA SUITE 222 PENSACOLA FL 32504**  
10. Name and Address of New Registered Agent:  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83. City:  
84. City: **FL** 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>C/P</b>	<input type="checkbox"/> DELETE
NAME	<b>RUSSENBERGER, RAY</b>	
STREET ADDRESS	<b>40 SOUTH PALAFOX STREET</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	<b>S/T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHARLES A. EMLING III</b>	
STREET ADDRESS	<b>211 HIBISCUS</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>605 Chesapeake Dr</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Vice President</b>
3.3 STREET ADDRESS	<b>Johnny Matthews</b>
3.4 CITY-ST-ZIP	<b>804 S. Palafox Pensacola, FL 32501</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CR2E034 (9/96)