

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L92570** (5)

1. Corporation Name

SANTA FE WIRELESS, INC.



Principal Place of Business

Mailing Address

P O BOX 1646
HIGH SPRINGS FL 32643

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HIGH SPRINGS FL 32643

3. Date Incorporated or Qualified
08/13/1990

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **1858 E. Campbell Ave.**

26 **1858 E. Campbell Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Gilbert, AZ**

28 **Gilbert, AZ 85234**

Zip Country

Zip Country

24 **85234**

25

29 **85234**

30

4. FEI Number

59-3039327

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

10. Name and Address of New Registered Agent

**KENNEY, TOM
3136 N W 47TH PLACE
GAINESVILLE FL 32605**

81 Name

C.T. Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

83

84 City

Plantation

FL

85 Zip Code
33324

11. Pursuant to the provisions of Sections 607.0592 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 **William C. Bradford, Jr., Vice President**

April 25, 1996

Signature of officer or director or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **ST KENNEY, TOM**
STREET ADDRESS **3136 N W 47TH PLACE**
CITY - ST - ZIP **GAINESVILLE FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1858 E. Campbell Ave.**
1.4 CITY - ST - ZIP **Gilbert, AZ 85234**

TITLE ☐ DELETE
NAME **PD KENNEY, BETH H.**
STREET ADDRESS **3136 N W 47TH PLACE**
CITY - ST - ZIP **GAINESVILLE FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **1858 E. Campbell Ave.**
2.4 CITY - ST - ZIP **Gilbert, AZ 85234**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: **Beth H. Kenney** Beth H. Kenney

4/25/96

602-507-9504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)