FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 5:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M44154 (6)

1. Corporate Name
NBCC CELLULAR, INC.

Principal Place of Business
7381 114TH AVE NO.
SUITE 401B
LARGO FL 34643

Mailing Address
7381 114TH AVE NO.
SUITE 401B
LARGO FL 34643

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (Year) 12/31/1986
3a. Date of Last Report 05/01/1994

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City & State
23
ZIP 24 County 25

2a. Mailing Address
26 18311 PLEASANT RIDGE PLACE
Suite, Apt. # or Bldg.
27
City & State
28 LUTZ, FLORIDA
ZIP 29 33549 County 30 U.S

4. FEI Number 59-2766593
Applied For
Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. The corporation has submitted, or intends to submit to vote S. 106.087, Florida Statutes. X Yes ☐ No

9. Name and Address of Current Registered Agent

LUNT, SAMUEL D JR.
18311 PLEASANT RIDGE PLACE
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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 and such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	DP	TITLE	☐ Change ☐ Addition
NAME	LUNT, SAMUEL D. JR	NAME	
STREET ADDRESS	18311 PLEASANT RIDGE PL.	STREET ADDRESS	
CITY ST ZIP	LUTZ FL	CITY ST ZIP	
TITLE	VP	TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	GARRISON, DONALD C.	NAME	
STREET ADDRESS	3298 COQUINA KEY DR SE	STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	CITY ST ZIP	
TITLE	ST	TITLE	☒ Change ☐ Addition
NAME	BERGERON, BRENDA S	NAME	FUNK, BRENDA S.
STREET ADDRESS	7381 114TH AVE NO. #401B	STREET ADDRESS	
CITY ST ZIP	LARGO FL	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I 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)(i), Florida Statutes. I further certify that the information contained on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attached sheet with an address.

SIGNATURE: Samuel D. Lunt Jr. (SAMUEL D LUNT, JR.) 4-26-95 813-949-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
President

0071862 CP