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

CITY-ST-ZIP

SIGNATURE

May 12 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # M44154 (6)NBCC CELLULAR, INC. Principal Place of Business Mailing Address 18311 PLEASANT RIDGE PLACE 7381 114TH AVE NO. BUITE 401B SUITE 401B LARGO FL 34643 LUTZ FL 33549-4486 3a. Date of Last Report 3. Date Incorporated or Qualified 12/31/1986 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2766593 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \( \subseteq \text{ No} \) No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LUNT. SAMUEL D JR. 18311 PLEASANT RIDGE PLACE 82 Street Address (P.O. Box Number is Not Acceptable) **LUTZ FL 33549** 83 84 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signalure required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) DELETE TITLE 1.1 THE Change Addition LUNT, SAMUEL D. JR NAME 1.2 NAME 18311 PLEASANT RIDGE PL. STREET ADDRESS 1.3 STREET ADDRESS LUTZ FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME GARRISON, DONALD C. 2.2 NAME 3298 COQUINA KEY DR SE STREET ADDRESS 2.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE FUNK, BRENDA S NAME 3.2 NAME 7381 114TH AVE N 401B STREET ADDRESS 3.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE HINES, NATHANIEL D ESO NAME 4. 2-NAME 111 SECOND AVE NE STREET ADDRESS 4.3 \$TREFT ADDRESS ST PETERSBURG FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

**FILED**