

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

FILED
May 08 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 # P05261 (3)
1. Corporation Name
AMERICAN MOBILPHONE PAGING, INC.



Principal Place of Business
942 SHELTON BEACH ROAD EXTENSION
MOBILE AL 36618

Mailing Address
2600 INSURANCE CENTER DR
SUITE 200A
JACKSON MS 39216-4911

2. Principal Place of Business
21 22 23 24
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
26 27 28 29 30
2510 Lakeland Terrace
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Incorporated or Qualified
03/11/1985

3a. Date of Last Report
07/25/1996

4. FEI Number
63-0826818

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
PICTURE, EILEEN
1 SOUTH A STREET
STE. 203
PENSACOLA FL 32501

10. Name and Address of New Registered Agent
81 Name
Markow, Gregory D.
82 Street Address (P.O. Box Number is Not Acceptable)
5046 B Bayou Blvd.
83
84 City
Pensacola
85 Zip Code
FL 32503

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 *Gregory D. Markow* DATE 4/30/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YERGER, WIRT A	1.2 NAME	
STREET ADDRESS	2600 INSURANCE CENTER DR, SUITE 200A	1.3 STREET ADDRESS	2510 Lakeland Terrace, Suite 200
CITY-ST-ZIP	JACKSON MS 39216	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKOW, GREGORY D	2.2 NAME	
STREET ADDRESS	2600 INSURANCE CENTER DR, SUITE 200A	2.3 STREET ADDRESS	2510 Lakeland Terrace, Suite 200
CITY-ST-ZIP	JACKSON MS 39216	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JAMES T	3.2 NAME	
STREET ADDRESS	240 EAST CAPITOL STREET, SUITE 1400	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39201	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, R.H. III	4.2 NAME	
STREET ADDRESS	117 ROBINWOOD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGELAND MS 39157	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, WILLIAM D	5.2 NAME	
STREET ADDRESS	4338 REGENCY COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39211	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, WILLIAM P	6.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 55	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRUGER MS 38924	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: *Wirt A. Yerger* 4-30-97 601-362-3333

CR2E034 (9/96)