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FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12059** (2)

1. Corporation Name
MAINE COMMUNICATIONS, INC.

Principal Place of Business

**121 FREE ST
P O BOX 7437
PORTLAND ME 04112-437
US**

Mailing Address

**511 CONGRESS ST
P O BOX 9711
PORTLAND ME 04104-011
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1986

4. FEI Number

01-0310414

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE

NAME **HILDRETH, HORACE A., JR.**
STREET ADDRESS **121 FREE ST**
CITY-ST-ZIP **PORTLAND ME 37**

TITLE **VT** ☐ DELETE

NAME **CLANCY, PAUL G.**
STREET ADDRESS **121 FREE ST**
CITY-ST-ZIP **PORTLAND ME 37**

TITLE **PS** ☐ DELETE

NAME **LOWELL, DAVID H**
STREET ADDRESS **121 FREE ST**
CITY-ST-ZIP **PORTLAND ME 37**

TITLE **VP** ☐ DELETE

NAME **CATLIN, CAROLYN B.**
STREET ADDRESS **6220 NW 43RD ST.**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☐ DELETE

NAME **DETMER, JOSEPHINE H.**
STREET ADDRESS **121 FREE ST**
CITY-ST-ZIP **PORTLAND ME 37**

TITLE **D** ☐ DELETE

NAME **HILDRETH, CHARLES L JR**
STREET ADDRESS **P O BOX 659 - RAND RD**
CITY-ST-ZIP **PORTLAND ME 20**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VP
Barrett, Carolyn A.
6220 NW 43RD. ST.
Gainesville, FL. 32606**

14. I 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

David H. Lowell

David H. Lowell

1/27/98

CR2E034 (10/97)