

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90036 010 ***150.00

DOCUMENT # P12059

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 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 VP ☒ DELETE
NAME BARRETT, CAROLYN A
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 V ☐ Change ☒ Addition
1.2 NAME Neil Grossman
1.3 STREET ADDRESS 121 Free Street
1.4 CITY-ST-ZIP Portland, ME 04112

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME Carolyn A. Barrett
2.3 STREET ADDRESS 6220 NW 43rd Street
2.4 CITY-ST-ZIP Gainesville, FL 32653

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

Daytime Phone #