

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P16477** (2)

1. Corporation Name
WESTERN FLORIDA CELLULAR TELEPHONE CORP.

FILED
95 JAN 27 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **2002 PISGAH CHURCH RD., SUITE 300 GREENSBORO NC 27455 US**
Mailing Address: **2002 PISGAH CHURCH RD., SUITE 300 GREENSBORO NC 27455 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/22/1987**
3a. Date of Last Report: **03/18/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		56-1580652		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, HAYNES G.	1.2 NAME	
STREET ADDRESS	2002 PISGAH CH ROAD S300	1.3 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREYER, L. RICHARDSON	2.2 NAME	
STREET ADDRESS	2002 PISGAH CH ROAD S300	2.3 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC	2.4 CITY - ST - ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEELOU, STEPHEN R.	3.2 NAME	
STREET ADDRESS	2002 PISGAH CH ROAD S300	3.3 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC	3.4 CITY - ST - ZIP	
TITLE	TV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLCOMBE, STEPHEN L.	4.2 NAME	
STREET ADDRESS	2002 PISGAH CH ROAD S300	4.3 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC	4.4 CITY - ST - ZIP	
TITLE	ASV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLENSON, RICHARD C.	5.2 NAME	
STREET ADDRESS	2002 PISGAH CH ROAD S300	5.3 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 through, or on an attachment with an address.

SIGNATURE: *Richard C. Rowleson, Vice President* 1/20/95 C910515-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard C. Rowleson