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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P16477

(2)

WESTERN FLORIDA CELLULAR TELEPHONE CORP.														
Pr	incipal Place o	of Business	Mailing A	Address		•			1 10 011 001 101 11010	0(1)1 019(1 1 90	HI SAMA MAMAI MII			
	2002 PISGAH GREENSBORG US	I CHURCH RD SUITE 300 O NC 27455		2002 PISGAH CHURCH RD., SUITE 30 GREENSBORO NC 27455			00							
	03		03						3. Date Incorporated of 10/22/1987	or Qualified	3a. Date	of Last 1/27/1		-
2.	Principal Plac	ce of Business	2a. Mailir	2a. Mailing Address					4. FEI Number			[Applied For	_
21			26						5 6-158065	2 56-1	28901		Not Applicable	_
Suite, Apt. #, etc.			27						5. Certificate of Status	Desired		\$8.75 Additional Fee Required		
City & State			— ·	City & State					6. Election Campaign	_			00 May Be	
23			28	 				Trust Fund Contribution Added to 8. This corporation has liability for intangible tax under s 199			led to Fees	_		
	Zip	Country 25		Zip		ıry			 This corporation ha Florida Statutes 		intangible ta s □ No	ıx under	s 199.032,	
24		9. Name and Address of Curre	29 ent Registered	Anent	30			I	10. Name and Addres			Agent		_
	. .	5. Hallo dila Platico di Galle	one trogisteres	- Agoin		81	Name		10. Hame and Address	0 01 11011	iogistorou	rigoni		_
	CT COR	PORATION SYSTEM												_
1200 S. PINE ISLAND ROAD					'	82	Street A	Address	(P.O. Box Number is N	ot Acceptal	bie)			
		TION FL 33324			- -	83			· · ·				-	-
	LONIO	11011 1 2 00024												
]1	84	City				FI	85	Zip Code	
	familiar with GNATURE	the provisions of Sections 607.050 d agent, or both, in the State of Flo n, and accept the obligations of, Sec	ction 607,0505,	Florida Statute:	S.					nt for the pu		anging its registere	s registered office od agent. I am	;
12		Signature, typed or printed name of registered age	int and title if applicable		OTE: Registered A	geni	signature re	equired wh	en reinstating) ADDITIONS/CHAN(ES TO OE	DATE	DIDECT	ODS IN 12	_
Til		PD	ND DIRECTORS	DELETE	1.1 TITLE				ADDITIONS/OFFANC	SES TO OFF		Change		-
	ME	GRIFFIN, HAYNES G.				ИE						_1		
	REET ADDRESS	2002 PISGAH CH ROAD S	300				ADDRESS							
	TY-ST-ZIP	GREENSBORO NC			1.4 CiT			27	455					
TH		VD		DELETE	2 1 TIT				777			Change	Addition	-
λA	ME	PREYER, L. RICHARDSON		_	2 2 NAM	ИE	1				_	_	_	
ST	REET ADDRESS	2002 PISGAH CH ROAD S	300		23 STR	EET A	ADDRESS							
	Y-\$1-71P	GREENSBORO NC			2 4 C(T)			274	155					
711		VSD		☐ DELETE		3 1 THTLE			 			Change	Addition	_
ΝA	ME	LEEOLOU, STEPHEN R.			32 NAM	ИE								
ST	REET ADDRESS	2002 PISGAH CH ROAD S	300		33 S16	REET	ADDRESS							
CI	IY-ST-ZIP	GREENSBORO NC			3.4 CH	Y-\$1	r-ZiP	274	155					_
1.1	LÉ	TV □ DELETE		4 1 TH	4 1 THILE					[Change	Addition		
ΝA	ME	HOLCOMBE, STEPHEN L.			4 2 NA	νŒ								
SI	STREET ADDRESS 2002 PISGAH CH ROAD \$300		300	43		3 STREET ADDRESS								
Cr	IY-ST-ZIP				4 4 City - St - 7		- 7IP	274	155				· 	_
	LE	ASV DELETE		5 1 TH							Change	Addition		
	ME	ROWLENSON, RICHARD C			52 NAM									
\$1	REET ADDRESS	2002 PISGAH CH ROAD S	300		5.3 STR	EET,	ADDRESS							
	1Y-S1-ZIP			□ bc. :::	54 CITY-ST-ZIP			274	155		··· · · · · · · · · · · · · · · · · ·	- 6:		_
1.1	LF.			☐ DELETE	6 1 TIT	LE					- F	☐ Change	: 🔲 Addition	
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	ME	·		_	62 NAM	ΜF					_	_ `	_	
\$1				_	62 NAM	ME LEET A	ADDRESS				•	_ ·	_	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Stat Ites. 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 Statiutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. Kichard C. Row ender Vice Roudest 4/23/96

BIGNATHER AND TYPED OR PRINTED NAMESOF SIGNING OFFICER OR BIRECTOR

SIGNATURE: