

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90259 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P16477 (2)

1. Corporation Name
 Western Florida Cellular Telephone Corp.

Principal Place of Business Mailing Address **same**
 2002 Pisgah Church Rd., Suite 300
 Greensboro, NC 27455

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		56-1582015		<input type="checkbox"/> 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		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip		Country		Country	
24		29		25		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Haynes G. Griffin			1.2 NAME			
STREET ADDRESS	2002 Pisgah Church Rd., Suite 300			1.3 STREET ADDRESS			
CITY - ST - ZIP	Greensboro, NC 27455			1.4 CITY - ST - ZIP			
TITLE	Exec. V. President	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	L. Richardson Preyer, Jr.			2.2 NAME			
STREET ADDRESS	2002 Pisgah Church Rd., Suite 300			2.3 STREET ADDRESS			
CITY - ST - ZIP	Greensboro, NC 27455			2.4 CITY - ST - ZIP			
TITLE	Exec. V.P. & Secretary	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Stephen R. Leolou			3.2 NAME			
STREET ADDRESS	2002 Pisgah Church Rd., Suite 300			3.3 STREET ADDRESS			
CITY - ST - ZIP	Greensboro, NC 27455			3.4 CITY - ST - ZIP			
TITLE	V.P. & Asst. Secretary	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Richard C. Rowleson			4.2 NAME			
STREET ADDRESS	2002 Pisgah Church Rd., Suite 300			4.3 STREET ADDRESS			
CITY - ST - ZIP	Greensboro, NC 27455			4.4 CITY - ST - ZIP			
TITLE	V.P. & Treasurer	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Stephen L. Holcombe			5.2 NAME			
STREET ADDRESS	2002 Pisgah Church Rd., Suite 300			5.3 STREET ADDRESS			
CITY - ST - ZIP	Greensboro, NC 27455			5.4 CITY - ST - ZIP			
TITLE	V.P.	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	S. Tony Gore, III			6.2 NAME			
STREET ADDRESS	2002 Pisgah Church Rd., Suite 300			6.3 STREET ADDRESS			
CITY - ST - ZIP	Greensboro, NC 27455			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 (changed) or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard C. Rowleson* Richard C. Rowleson
 Vice President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/29/99 Daytime Phone #: 336-545-2223

CR2E034 (11/98)