

**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

**APPROVED  
AND  
FILED**

95 APR 24 PM 2: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P17953** (1)

1. Corporation Name:

**CONTEL CELLULAR OF THE SOUTH, INC.**

Principal Place of Business	Mailing Address
% PRENTICE HALL CORPORATION SYSTEM 110 N. MAGNOLIA ST. TALLAHASSEE FL 32301	% PRENTICE HALL CORPORATION SYSTEM 110 N. MAGNOLIA ST. TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/09/1988</b>		3a. Date of Last Report <b>05/01/1994</b>	
4. FEI Number <b>58-1556133</b>		Applied For Not Applicable	
2. Principal Place of Business		2a. Mailing Address	
21	26	<b>245 PERIMETER CENTER</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27	<b>PALMUM</b>	
City & State		City & State	
23	28	<b>ATLANTA, GA</b>	
Zip	Country	Zip	Country
24	25	29	30
		<b>30346</b>	<b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85
				<b>FL</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHIPPLE, DENNIS</b>	1.2 NAME	
STREET ADDRESS	<b>245 PERIMETER CTR PKWY</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENT, JOHN P Z</b>	2.2 NAME	
STREET ADDRESS	<b>245 PERIMETER CNTR PKWY</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSEN, JAY M</b>	3.2 NAME	
STREET ADDRESS	<b>245 PERIMETER CTR PKWY</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARRIER, TED J</b>	4.2 NAME	
STREET ADDRESS	<b>245 PERIMETER CTR PKWY</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELIASON, TODD E</b>	5.2 NAME	
STREET ADDRESS	<b>245 PERIMETER CENTER PKY.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA 30346</b>	5.4 CITY - ST - ZIP	
TITLE	<b>V</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROUSE, RANDALL L</b>	6.2 NAME	
STREET ADDRESS	<b>245 PERIMETER CENTER PKY.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA 30346</b>	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 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/6/95  
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR Date (Required When Filing)