SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 PM 1:11

DOCUMENT # **P29749** **(9)**

1. Corporation Name

SOUTHERN CELLULAR TELECOM, INC.

Principal Place of Business	Mailing Address
515 EAST AMITE STREET JACKSON MS 39201 US	515 EAST AMITE STREET JACKSON MS 39201 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1990
3a. Date of Last Report: 07/26/1994

2. Principal Place of Business
21: 515 East Amite St.
Suite, Apt. #, etc. 22:
City & State 23: Jackson, MS
Zip 24: 39201-2702 Country 25: US

2a. Mailing Address
26: 515 East Amite St.
Suite, Apt. #, etc. 27:
City & State 28: Jackson, MS
Zip 29: 39201-2702 Country 30: US

4. FEI Number: 58-1585251 ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RIOUX WENDY
515 E ALTAMONTE DR
#8A
ALTAMONTE SPRGS FL 32701

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	EBBERS, BERNARD J.	12 NAME		
STREET ADDRESS	515 EAST AMITE STREET	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS	14 CITY-ST-ZIP		
TITLE	S	21 TITLE	Secretary	☒ Change ☐ Addition
NAME	CANNADA, CHARLES T.	22 NAME	Scott Sullivan	
STREET ADDRESS	515 EAST AMITE STREET	23 STREET ADDRESS	515 East Amite Street	
CITY-ST-ZIP	JACKSON MS	24 CITY-ST-ZIP	Jackson, MS 39201-2702	
TITLE	D	31 TITLE	Director	☒ Change ☐ Addition
NAME	AYCOCK, CARL	32 NAME	Bernard J. Ebbers	
STREET ADDRESS	515 EAST AMITE STREET	33 STREET ADDRESS	515 East Amite Street	
CITY-ST-ZIP	JACKSON MS	34 CITY-ST-ZIP	Jackson, MS 39201-2702	
TITLE		41 TITLE	Director	☐ Change ☐ Addition
NAME		42 NAME	Charles T. Cannada	
STREET ADDRESS		43 STREET ADDRESS	515 East Amite Street	
CITY-ST-ZIP		44 CITY-ST-ZIP	Jackson, MS 39201-2702	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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.

SIGNATURE: _____ Scott Sullivan _____ (601) 360-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181107 FN