

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P38429 (7)

1. Corporation Name
LUBBOCK RADIO PAGING SERVICE, INC.

**APPROVED
AND
FILED**

95 MAY - 1 AM 9: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1515 AVENUE J LUBBOCK TX 79401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/14/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **75-1441138** Applied For Not Applicable

5. Certificate of Status Desired **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	MCLEOD, ETHEL M.
STREET ADDRESS	1515 AVENUE J LUBBOCK TX
CITY - ST - ZIP	
TITLE	P
NAME	MCLEOD, ROBERT D.
STREET ADDRESS	1515 AVENUE J LUBBOCK TX
CITY - ST - ZIP	
TITLE	VP
NAME	GAFFORD, BILL W.
STREET ADDRESS	1515 AVENUE J LUBBOCK TX
CITY - ST - ZIP	
TITLE	VP
NAME	EUSTACE, KAREN
STREET ADDRESS	1515 AVENUE J LUBBOCK TX
CITY - ST - ZIP	
TITLE	VP
NAME	GEESLIN, PATRICIA
STREET ADDRESS	1515 AVENUE J LUBBOCK TX
CITY - ST - ZIP	
TITLE	VP
NAME	MOSHER, DON G.
STREET ADDRESS	1515 AVENUE J LUBBOCK TX
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRAD CROOM	
1.3 STREET ADDRESS	1515 AVE J	
1.4 CITY - ST - ZIP	LUBBOCK TX 79401	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DUFFY EARL	
2.3 STREET ADDRESS	1515 AVE J	
2.4 CITY - ST - ZIP	LUBBOCK, TX 79401	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BOB WHIPPLE	
3.3 STREET ADDRESS	1515 AVE J	
3.4 CITY - ST - ZIP	LUBBOCK, TX 79401	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRAD CROOM

4-26-95

Date

806 762 0811

Signature Herein