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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

appears in Block 12 or

SIGNATURE:

POCUMENT # P92000014258 (7)

CHERRY COMMUNICATIONS COMPANY

Principal Place of Business Mailing Address 227 NO BRONOUGH STR 227 NO BRONOUGH STR STE 4100 **STE 4100** TALLAHASSEE FL 32301-1329 TALLAHASSEE FL 32301 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1993 05/01/1996 4. FFI Number 2a. Mailing Address 2. Principal Place of Business Applied For 59-3158978 Not Applicable 21 26 Suite Apt #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 30 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name CHERRY, JAMES JR 227 NO BRONOUGH STR 82 Street Address (P.O. Box Number is Not Acceptable) STE 4100 TALLAHASSEE FL 32301 84 City 85 Zip Code 11. Pursuant to the previsions 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. Significant reported mane of registered agent and title if applicable (NOTE: Registered Agent signature regulred when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. DELETE Change Addition 101.6 1.1 TITLE CHERRY, L J JR NAME 1.2 NAME **12E034** 227 NO BRONOUGH STR, STE 4100 1.3 STREET ADDRESS STREET AUDRESS TALLAHASSEE FL CHY ST-ZIE 1.4 CITY-ST-ZIP DP DELETE Change Addition 2.1 TITLE TITLE CHERRY, LINDA Z NAM: 2.2 NAME 227 NO BRONOUGH STR. STE 4100 2.3 STREET ADDRESS STREET ADDRESS Tallahassee fl 2 4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition THILE 31 TITLE NAME 3 2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-\$1-20 3.4. CITY-S1-ZIP DELETE Change Addition 4.1 TITLE mu 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP C:TY - \$1 - 7(P) DELETE Addition 5.1 TITLE Change 7111,6 NAM 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY: S1:72 DELETE 6.1 TITLE Change Addition TiTLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ALORESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

iged, or on an attachment with an address.

NATURE AND TYPE OF PRINTED NAME OF SIGNING OF

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 conversion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED
Apr 03 1997 8:00am
Secretary of State

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