FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 APR 11 PM 3:44

DOCUMENT # **P93000024064 (6)**

1. Corporation Name
BOBBY ALLISON CELLULAR SYSTEMS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
150 153RD AVE E SUITE 300 MADEIRA BEACH FL 33708	150 153RD AVE E SUITE 300 MADEIRA BEACH FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/31/1993	05/31/1994

2. Principal Place of Business	2a. Mailing Address
21 8050 SEMINOLE OFF CIR	26 8050 SEMINOLE OFF. CIR.
Suite, Apt. #, etc. 22 SUITE 378	Suite, Apt. #, etc. 27 SUITE 378
City & State 23 SEMINOLE, FL	City & State 28 SEMINOLE, FL
Zip / Country 24 34642 / 25 USA	Zip / Country 29 34642 / 30 USA

4. FEI Number: 59-3172774 ☐ 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. 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
RALPH, JAMES L 150 153RD AVE E SUITE 300 MADEIRA BEACH FL 33708	81 Name: RALPH, JAMES L. 82 Street Address (P.O. Box Number is Not Acceptable): 14949 113 AVENUE NORTH 83 84 City: LARGO FL 85 Zip Code: 34644

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 of new 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	D	11 TITLE	☒ Change ☐ Addition
NAME	RALPH, JAMES L	12 NAME	RALPH, JAMES L.
STREET ADDRESS	19531 GULF BLVD #311	13 STREET ADDRESS	14949 113 AVENUE NORTH
CITY-ST-ZIP	INDIAN SHORES FL 34635	14 CITY-ST-ZIP	LARGO, FL 34644
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PINTER, THOMAS E	22 NAME	
STREET ADDRESS	861 CHICKADEE DR	23 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	MCGINNIS, ROBERT L	32 NAME	MCGINNIS, ROBERT L.
STREET ADDRESS	150 153RD AVE E	33 STREET ADDRESS	7090 HIDDEN ACRES WAY
CITY-ST-ZIP	MADEIRA BEACH FL 33708	34 CITY-ST-ZIP	SEMINOLE, FL 34642
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
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	

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 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 added to the document with an address.

SIGNATURE: _____ 4/4/95 (813) 391-8302
NAME AND TITLE OF INDIVIDUAL NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0910782 CP