

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P93000024064 (6)

1. Corporation Name

BOBBY ALLISON CELLULAR SYSTEMS OF FLORIDA, INC.



Principal Place of Business

8050 SEMINOLE OFF CTR
SUITE 378
SEMINOLE FL 34642
US

Mailing Address

8050 SEMINOLE OFF CTR
SUITE 378
SEMINOLE FL 34642
US

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

9. Name and Address of Current Registered Agent

RAPLH, JAMES L
14949 113 AVENUE NORTH
SUITE 300
LARGO FL 34644

3. Date Incorporated or Qualified

03/31/1993

3a. Date of Last Report

04/11/1995

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

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 607.002 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

3/8/96
DATE

12. Registered Agent Signature and Address

12. OFFICERS AND DIRECTORS

TITLE D
NAME RALPH, JAMES L
STREET ADDRESS 14949 113 AVENUE NORTH
CITY-ST-ZIP LARGO FL

☐ DELETE

TITLE D
NAME PINTER, THOMAS E
STREET ADDRESS 861 CHICKADEE DR
CITY-ST-ZIP PORT ORANGE FL 32127

☐ DELETE

TITLE D
NAME MCGINNIS, ROBERT L
STREET ADDRESS 7090 HIDDEN ACRES WAY
CITY-ST-ZIP SEMINOLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

☐ Change ☐ Addition

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 if changed, or I am in agreement with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96 (813) 584-5303
DATE Day Phone #

CR2E034 (12/95)