

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000014676 (8)

1. Corporation Name

TRI-COUNTY CELLULAR INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 12:13

Principal Place of Business

8800 NEVAR PARKWAY
NEVAR FL 32566

Mailing Address

8800 NEVAR PARKWAY
NEVAR FL 32566

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/23/1994

3a. Date of Last Report

N/A

2. Principal Place of Business

21 8800 NAVARRE PKWY

2b. Mailing Address

26 SAME

4. FEI Number

59 3228733

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 NAVARRE FL.

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 32506

Country

Zip

29

Country

30

7. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

SIL BILLOUIN

82 Street Address (P.O. Box Number is Not Acceptable)

8800 NAVARRE PKWY

83

84 City

NAVARRE

FL

85 Zip Code

32506

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

Sil Billouin

SIL BILLOUIN

8/1/95

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	PRESIDENT
NAME	SIL BILLOUIN
STREET ADDRESS	1402 ARKANSAS ST.
CITY - ST - ZIP	NAVARRE FL 32506
TITLE	VICE PRESIDENT
NAME	MAX BILLOUIN
STREET ADDRESS	1402 ARKANSAS ST.
CITY - ST - ZIP	NAVARRE, FL 32506
TITLE	SECRETARY
NAME	ANGEL BILLOUIN
STREET ADDRESS	1402 ARKANSAS ST.
CITY - ST - ZIP	NAVARRE FL 32506
TITLE	TREASURER
NAME	JOYCE BILLOUIN
STREET ADDRESS	1402 ARKANSAS ST.
CITY - ST - ZIP	NAVARRE FL 32506
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 11D.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 resolver 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:

Sil Billouin

SIL BILLOUIN

8/1/95

904-939-8505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number