

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000014676 (8)**

1. Corporation Name

TRI-COUNTY CELLULAR INC.



Principal Place of Business 8800 NEVAR PARKWAY NEVAR FL 02500 8251 B NAVARRE PKWY NAVARRE, FL 32500		Mailing Address 8800 NEVAR PARKWAY NEVAR FL 02500 8251 B NAVARRE PKWY NAVARRE, FL 32500		3. Date Incorporated or Qualified 02/23/1994	3a. Date of Last Report 08/09/1995
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2. Principal Place of Business 21 8251 B NAVARRE PKWY	2a. Mailing Address 26 8251 B NAVARRE PKWY	4. FEI Number 59-3228733	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State NAVARRE FL	28 City & State NAVARRE FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 32506	25 Country SANTA ROSA	29 Zip 32506	30 Country SANTA ROSA

9. Name and Address of Current Registered Agent BILLOUIN, SIL 8800 NAVARRE PKWY NAVARRE FL 32566		10. Name and Address of New Registered Agent	
81 Name SIL BILLOUIN	82 Street Address (P.O. Box Number is Not Acceptable) 1462 ARKANSAS ST.		
83 NAVARRE		84 City	85 Zip Code FL 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 (PRES/REG. AG.)** DATE: **7/30/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P BILLOUIN, SIL	1.2 NAME	
STREET ADDRESS	1462 ARKANSAS ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAVARRE FL	1.4 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/TREAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP BILLOUIN, MAX	2.2 NAME	JOYCE BILLOUIN
STREET ADDRESS	1462 ARKANSAS ST.	2.3 STREET ADDRESS	1462 ARKANSAS ST.
CITY - ST - ZIP	NAVARRE FL	2.4 CITY - ST - ZIP	NAVARRE FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S BILLOUIN, ANGEL	3.2 NAME	
STREET ADDRESS	1462 ARKANSAS ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAVARRE FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T BILLOUIN, JOYCE	4.2 NAME	MAX BILLOUIN
STREET ADDRESS	1462 ARKANSAS ST.	4.3 STREET ADDRESS	1462 ARKANSAS ST.
CITY - ST - ZIP	NAVARRE FL	4.4 CITY - ST - ZIP	NAVARRE FL.
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(f), 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 617, 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 (PRES)** DATE: **7/30/96** DAY PHONE: **904-939-8505**

CR2E034 (3/96)