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

APPROVED
AND
FILED

[illegible] PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000046987 (1)**

1. Corporation Name
CELLULAR PRO CORPORATION

Principal Place of Business	Mailing Address
223 BRANDON TOWN CENTER DR BRANDON FL 33511	223 BRANDON TOWN CENTER DR BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/23/1994**
3a. Date of Last Report: **N/A**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # (if) — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **59-3245995** ☐ 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

BUCKLER, DONALD W
701 E WASHINGTON ST
TAMPA FL 33601-3127

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 Section 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 [illegible]

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
01 TITLE: VD 02 NAME: DAVIS, GREGORY L 03 STREET ADDRESS: 2329 CEDARWOOD LN 04 CITY, ST, ZIP: MONTGOMERY AL 36116	☐ Change ☐ Addition
05 TITLE: D 06 NAME: DAVIS, ROSALIND Y 07 STREET ADDRESS: 2329 CEDARWOOD LN 08 CITY, ST, ZIP: MONTGOMERY AL 36116	☐ Change ☐ Addition
09 TITLE: D 10 NAME: BUCKLER, DONALD W 11 STREET ADDRESS: P.O. BOX 3127 N/A 12 CITY, ST, ZIP: TAMPA FL 33601-3127	☐ 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 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 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 above, or on an attachment with an address.

SIGNATURE: Donald W. Buckler
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Title — Date

0206131 CP