

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 FEB 22 AM 10:10

DOCUMENT # P94000063811 (1)

1. Corporation Name

CELLULAR MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

8682 SCENIC HIGHWAY
PENSACOLA FL 32514

8682 SCENIC HIGHWAY
PENSACOLA FL 32514

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/25/1994

3a. Date of Last Report

2. Principal Place of Business

2b. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3255402

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

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEMING, FLETCHER
8682 SCENIC HIGHWAY
PENSACOLA FL 32514

81 Name

CHARLES NORTON II

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

8682 SCENIC HWY

83

84 City

PENSACOLA

FL

85 Zip Code

32514

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

CHARLES NORTON II

[Signature]

2-15-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: CALHOUN, GARY
STREET ADDRESS: 4350 BAYOU BLVD, SUITE 3
CITY-ST-ZIP: PENSACOLA FL 32503

1.1 TITLE: NONE Change Addition
1.2 NAME: NONE
1.3 STREET ADDRESS: NONE
1.4 CITY-ST-ZIP: NONE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

2.1 TITLE: D Change Addition
2.2 NAME: CHARLES NORTON II
2.3 STREET ADDRESS: 8682 SCENIC HWY
2.4 CITY-ST-ZIP: PENSACOLA, FL 32514

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

3.1 TITLE: PRESIDENT Change Addition
3.2 NAME: CHARLES NORTON II
3.3 STREET ADDRESS: 8682 SCENIC HWY
3.4 CITY-ST-ZIP: PENSACOLA FL 32514

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

4.1 TITLE: SEC 17KPA Change Addition
4.2 NAME: CHARLES NORTON II
4.3 STREET ADDRESS: 8682 SCENIC HWY
4.4 CITY-ST-ZIP: PENSACOLA, FL 32514

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE: Change 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 should not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 liquidator thereof; that I am authorized 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 my approval.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

[Signature]

2-15-95

904-499-2100

Date

Daytime Phone