


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000065385 (4)**

1. Corporation Name  
**TELEPHONE & DATA INC.**



Principal Place of Business <b>1402 NE 10TH TER CAPE CORAL FL 33909</b>	Mailing Address <b>1402 NE 10TH TER CAPE CORAL FL 33909-1534</b>
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3. Date Incorporated or Qualified <b>08/30/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>583 Bondella Road</b> Suite, Apt. #, etc. 22 <b>Suite H</b> City & State 23 <b>North Fort Myers</b> Zip 24 <b>33903</b>	2a. Mailing Address 26 <b>583 Bondella Rd</b> Suite, Apt. #, etc. 27 <b>Suite H</b> City & State 28 <b>North Fort Myers</b> Zip 29 <b>33903</b> Country 25 <b>USA</b> 30 <b>USA</b>
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4. FEI Number <b>65-0514569</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LOWERY, PAMELA S 1402 NE 10TH TER CAPE CORAL FL 33909</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROBERT ROBERT, JR.</b>
STREET ADDRESS	<b>1501 NE 15TH LANE</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DST</b>
STREET ADDRESS	<b>LOWERY, ROBERT</b>
CITY-ST-ZIP	<b>1402 NE 10TH TER CAPE CORAL FL 33909</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V/T/S</b>
2.3 STREET ADDRESS	<b>Robert Lowery, Sr</b>
2.4 CITY-ST-ZIP	<b>1402 NE 10TH TERRACE CAPE CORAL, FL 33909</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>April Fontaine</b>
3.3 STREET ADDRESS	<b>1402 NE 10TH TERRACE</b>
3.4 CITY-ST-ZIP	<b>CAPE CORAL, FL 33909</b>
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 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 if changed, or on an attachment with an address.

SIGNATURE: Pamela S. Lowery **Pamela S. Lowery** **4-1-97** **(941)656-5959**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)