

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000065385 (4)

TELEPHONE & DATA INC.

98 NOV -5 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

583 PONDELLA RD
H
N FT MYERS FL 33903
US

Mailing Address

583 PONDELLA RD
H
N FT MYERS FL 33903
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
1. 2946 Harnage Rd 1402 NE 10th Terrace State, Apt #, etc	2. 2946 Harnage Rd 1402 NE 10th Terrace State, Apt #, etc
3. City & State Cape Coral Avon Park Zip 33825 Country USA	3. City & State Cape Coral Avon Park Zip 33825 Country USA

3. Date incorporated or Qualified	08/30/1994
4. FEI Number	65-0514569
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 owes or has paid the current year Intangible Personal Property Tax due June 30	☐ Yes ☐ No

LOWERY, PAMELA S
1402 NE 10TH TER
CAPE CORAL FL 33909

Lowery, Sr., Robert L
2946 Harnage Rd
Avon Park, FL 33825

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 agent 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 of said corporation with and accept the obligations of a registered agent under Section 607.0502, Florida Statutes.

SIGNATURE Robert Lowery

12. OFFICERS AND DIRECTORS	
NAME	V FONTAINE, APRIL
STREET ADDRESS	1402 NE 10 TERR
CITY-STATE-ZIP	CAPE CORAL FL
TITLE	VTS
NAME	LOWERY, ROBERT
STREET ADDRESS	1402 NE 10TH TER
CITY-STATE-ZIP	CAPE CORAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	
2. NAME	7000002684887-2
3. STREET ADDRESS	-11/10/98-01085-023
4. CITY-STATE-ZIP	*****61.25 *****61.25
1. TITLE	PT
2. NAME	Lowery, Robert
3. STREET ADDRESS	2946 Harnage Rd
4. CITY-STATE-ZIP	Avon Park, FL 33825
1. TITLE	SVP
2. NAME	Livingston, Tina
3. STREET ADDRESS	2957 Harnage Rd
4. CITY-STATE-ZIP	Avon Park, FL 33825
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	

14. I 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 included 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, and that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: Pamela S. Lowery (PAMELA S. LOWERY) 4-25-98 (41) 573-1993