

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

**FILED**

**Jan 29 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000076658 (1)**

1. Corporation Name  
**ALEXANDER PRODUCE CO., INC.**

Principal Place of Business <b>814 BISHOP PL SEFFNER FL 33567</b>	Mailing Address <b>P.O. BOX 638 PLANT CITY FL 33564</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/13/1994</b>	
21 <b>1305 MLK JR. BLVD.</b>	26	Suite, Apt. #, etc.		4. FEI Number <b>59-3277095</b>	Applied For Not Applicable
22 <b>Unit # 7</b>	27	Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 <b>PLANT CITY FL</b>	28	City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 <b>33567</b>	25 <b>Hills.</b>	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ALEXANDER, ROBERT H 814 BISHOP PL SEFFNER FL 33584				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALEXANDER, ROBERT H</b>	1.2 NAME	
STREET ADDRESS	<b>814 BISHOP PL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALEXANDER, PAULA J</b>	2.2 NAME	
STREET ADDRESS	<b>814 BISHOP PL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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: **ROBERT H. ALEXANDER, PRESIDENT** *1/20/98* **813-754-3557**

CFR2E034 (10/97)

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**DOCUMENT # F95000002804 (1)**  
 1. Corporation Name  
**DELTATEL, INC.**



Principal Place of Business 1030 DELTA BLVD DEPT 852 ATLANTA GA 30320	Mailing Address 1030 DELTA BLVD DEPT 852 ATLANTA GA 30320
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/09/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>58-2187905</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	30	Country
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				<b>FL</b> 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 restating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COGGIN, ROBERT W</b>	1.2 NAME	
STREET ADDRESS	<b>1030 DELTA BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATSEN, PAUL G</b>	2.2 NAME	
STREET ADDRESS	<b>1030 DELTA BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, DAVID A</b>	3.2 NAME	
STREET ADDRESS	<b>1030 DELTA BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30320</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROWDER, TERRI A</b>	4.2 NAME	
STREET ADDRESS	<b>1030 DELTA BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEST, EDWARD H</b>	5.2 NAME	
STREET ADDRESS	<b>1030 DELTA BLVD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30320</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>S Kenneth A. Klatt</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1030 Delta Blvd.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Atlanta, GA 30320</b>

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 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: X *[Signature]* **REQUIR** *Anita B. O'Reilly* **01/26/98** **404-715-6611**

CR2E034 (10/97)

**DELTA TEL, INC.**  
**1030 Delta Blvd., Atlanta, GA 30320**

<b>BOARD OF DIRECTORS</b>		<b>TITLE</b>	<b>HOME ADDRESS</b>	<b>SOCIAL SECURITY NO.</b>
Robert W. Coggin	Chairman of the Board	108 LaGrange Street Newnan, GA 30263	255-54-3492	
Paul G. Matsen	Director	510 Abbeywood Dr. Roswell, GA 30075	115-44-9306	
<b>OFFICERS</b>				
David Taylor	President	4128 Charleston Trail Smyrna, GA 30080	121-50-2906	
Terri Crowder	Vice President-Controller	6658 Dale Road Rex, GA 30273	260-45-8800	
Edward H. West	Treasurer	822 Channing Place Atlanta, GA 30318	591-05-5678	
Keuneth A. Klatt	Secretary	415 Otter Creek Court Atlanta, GA 30328	322-48-3353	
Anita B. O'Reilly	Assistant Treasurer	4778 Old Timber Ridge Marietta, GA 30068	408-25-2565	

SOURCE: Corporate Taxes  
 Janet Simpson - 5-6453  
 October 29, 1997