


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

FILED

Jan 29 1998 8:00am
Secretary of State

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

1. Corporation Name

ALEXANDER PRODUCE CO., INC.

Principal Place of Business

814 BISHOP PL
SEFFNER FL 33567

Mailing Address

P.O. BOX 638
PLANT CITY FL 33564

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1305 MLK JR. BLVD.		26		10/13/1994	
22 Suite, Apt. #, etc. Unit #7		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State PLANT CITY FL		28 City & State		59-3277095	
24 Zip 33567		29 Country Hills		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	
				FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, ROBERT H	1.2 NAME	
STREET ADDRESS	814 BISHOP PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, PAULA J	2.2 NAME	
STREET ADDRESS	814 BISHOP PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	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

CR2E034 (10/97)

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PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/09/1995	
4. FEI Number 58-2187905		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relistening)

DATE

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

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)

DELTATEL, INC.
1030 Delta Blvd., Atlanta, GA 30320

BOARD OF DIRECTORS		TITLE	HOME ADDRESS	SOCIAL SECURITY NO.
Robert W. Coggin	Chairman of the Board		108 LaGrange Street Newnan, GA 30263	255-54-3492
Paul G. Malsen	Director		510 Abbeywood Dr. Roswell, GA 30075	115-44-9306
OFFICERS		TITLE	HOME ADDRESS	SOCIAL SECURITY NO.
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
Kenneth 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