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 # 1. Corporation Name P95000015876 (2)

C.C.W. TELEPHONE, INC.

FILED Feb 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					T DEBLIANS AND NATION OR FOLLOWING BONDS BOTH BONDS BOTH SPAN BOTH		
1477 CRAIG COURT 1477 CRAIG COURT							
PORT ORANGE FL 32119		PORT ORANGE FL 32119					
						DO NOT WRITE IN THIS S	SPACE
						3. Date Incorporated or Qualified	
						02/24/1995	
2. Principal Pla	ace of Business	2a, Mailing) Address			4. FEI Number	Applied For
21		26				59-3299690	Not Applicable
Suite, Apt. #	t, etc.	Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				· · · · · · · · · · · · · · · · · · ·	Fee Required
City & State		h	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	_	Country		This corporation owes or has paid the curr	
24	25	29	3	0			Yes No
g, Name and Address of Current Registered Agent DLIDI EV LOCEDIA D 81						10. Name and Address of New Registered A	igent
DODEET, TOSEFIT F				81	Name		
403 DOWNING STREET				82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
NEW SMYRNA BEACH FL 32168							
				83			
				84	City		85 Zip Code
					Oily	FL	2.p 0000
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508	, Florida Statutes	, the above	-named co	orporation submits this statement for the purpose of	changing its registered
agent. I am	n familiar with, and accept the oblig	ations of, Section	n 607.0505, Florid	da Statutes	rtne corpor i.	ration's board of directors. I hereby accept the appoint	ointment as registered
SIGNATURE _	•						
SIGNATURE	Ignature, typed or printed name of registered ag-	on: and tille it applicati	e (NOTE: F	tegistered Age	nt signature req	quired when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PT		DELETE	1.1 TITLE	K	EULP, SHAPPEON M. 1477 GRANG-COURT DORT ORINGE, EL	Change Addition
NAME	WEHNER, HENRY O III			1.2 NAME	İ	ILT CONTROLON M.	
STREET ADDRESS	1477 CRAIG COURT			1.3 STREET	ADDRESS	DOD-COUNT	
CITY-ST-ZIP	PORT ORANGE FL			1.4 CITY - S	r-zip '	par dawar, pl	
TITLE	VS		DELETE	21 TITLE			Change Addition
NAME	CUJKO, JAMES F			22 NAME			
STREET ADDRESS	1328 GOLF VIEW DRIVE			2.3 STREET	ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL			2. 4 CITY - S	T - 71P		
TITLE		·	DELETE	3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP				3.4. CITY-S			
TITLE			DELETE	4.1 TITLE	"		Change Addition
NAME				4. 2 NAME		•	
STREET ADDRESS				4.2 NAME	MODECC		
1							
CITY-ST-ZIP			DELETE	4.4 CITY-S	- ZIF'		Change Addition
TITLE			L PECETE	5.1 TITLE		l	Change Addition
NAME				5.2 NAME			İ
STREET ADDRESS				5 3 STREET	address		
CITY-ST-ZIP			12.20	5.4 CITY-ST	-ZIP		
TITLE			☐ DELET E	6.1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET	ADDRESS		
CETY - 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.