SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

6-19-96 B- 6988 -C

DOCUMENT # P95000051547 (4)

1. Corporation Name

PHIPPS WIRELESS, INC.

Principal Place of Business

~~ROUTE 1, BOX 684~~
~~COUNTY ROAD 12~~
TALLAHASSEE FL ~~32312~~

Mailing Address

~~POST OFFICE BOX 3048~~
TALLAHASSEE FL ~~32315~~

3. Date Incorporated or Qualified: 07/03/1995
3a. Date of Last Report:

2. Principal Place of Business
21 3110 Capital Circle NE
Suite, Apt #, etc.
22 Second Floor
City & State
23 Tallahassee, FL
Zip
24 32308
Country
25 USA

2a. Mailing Address
26 3110 Capital Circle NE
Suite, Apt #, etc.
27 Second Floor
City & State
28 Tallahassee, FL
Zip
29 32308
Country
30 USA

4. FEI Number: 59-3327118 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LANE, WILLIAM H
~~ROUTE 1, BOX 684~~
~~COUNTY ROAD 12~~
TALLAHASSEE FL ~~32312~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3110 Capital Circle NE
83 Second Floor
84 City: Tallahassee FL 85 Zip Code: 32308

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

TITLE	D	☐ DELETE
NAME	BOYLE, DENNIS O	
STREET ADDRESS	~~ROUTE 1, BOX 684~~	
CITY-ST-ZIP	TALLAHASSEE FL ~~32312~~	
TITLE	D	☐ DELETE
NAME	LANE, WILLIAM H	
STREET ADDRESS	~~ROUTE 1, BOX 684~~	
CITY-ST-ZIP	TALLAHASSEE FL ~~32312~~	
TITLE	D	☐ DELETE
NAME	CHOMAT, ROBERT JR.	
STREET ADDRESS	~~ROUTE 1, BOX 684~~	
CITY-ST-ZIP	TALLAHASSEE FL ~~32312~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	3110 Capital Circle NE	
1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	3110 Capital Circle NE	
2.4 CITY-ST-ZIP	Tallahassee, FL 32308	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	3110 Capital Circle NE	
3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] W. H. Lane 6/11/96 904/297-6082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #