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

PROFIT CORPORATION ANNUAL REPORT

1998

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TITLE

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000070726 (1)

WHITEHEAD TELECOMMUNICATIONS, INC.

Principal Place of Business Mailing Address 7454-65TH DRIVE 7454-65TH DRIVE LIVE OAK FL 32060 LIVE OAK FL 32060 DO NOT WRITE IN THIS SPACE CHANGE Address 3. Date Incorporated or Qualified 09/12/1995 4. FEI Number Applied For 2. Principal Place of Business 59-3328072 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country This corporation owes or has paid the current year Intandible WAShington Yes Personal Property Tax due June 30. 24 25 10, Name and Address of New Registered Agent 9. Name and Address of Current Registered BULLOCK, STEPHEN C ß1 Name 10 N COLUMBIA ST 82 Street Address (P.O. Box Number is Not Acceptable) LAKE CITY FL 32055 63 84 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 regulared agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Change Addition 1.1 TITLE TITLE WHITEHEAD, CAROLYN NAME 1.2 NAME 7454-65TH DRIVE 1.3 STREET ADDRESS STREET ADDRESS LIVE OAK FL 1.4 City-St-7iP CITY-ST-ZIP ☐ DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 1HLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Block 12 or Block 13 if changed, or on an attachment with an andress

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FILED

Apr 22 1998 8:00am

Secretary of State

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