

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000007414 (1)

1. Corporation Name
ADVANTAGE PAGING, INC.

Principal Place of Business

7512 DR. PHILLIPS BLVD., SUITE 50139
ORLANDO FL 32819

Mailing Address

7512 DR. PHILLIPS BLVD., SUITE 50139
ORLANDO FL 32819-5100

FILED
Feb 13 1997 8:00am
Secretary of State



2. Principal Place of Business

21 901 6TH STREET NW

Suite, Apt. #, etc.

22 City & State

23 WINTER HAVEN, FL

Zip Country

24 33881-4016

25

2a. Mailing Address

26 901 6TH STREET NW

Suite, Apt. #, etc.

27 City & State

28 WINTER HAVEN, FL

Zip Country

29 33881-4016

30

3. Date Incorporated or Qualified

01/24/1996

3a. Date of Last Report

4. FEI Number

59-3356483

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

LEE SYMONDS

82 Street Address (P.O. Box Number is Not Acceptable)

901 6TH STREET NW

83

84 City

WINTER HAVEN

FL

85 Zip Code

33881-4016

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

Lee Symonds

JAN 31st 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME SYMONDS, LEE

STREET ADDRESS 7512 DR. PHILLIPS BLVD., SUITE 50139

CITY - ST - ZIP ORLANDO FL 32819

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 P.D. ☒ Change ☐ Addition

1.2 NAME SYMONDS, LEE

1.3 STREET ADDRESS 901 6TH STREET NW

1.4 CITY - ST - ZIP WINTER HAVEN, FL 33881

2.1 TITLE S. V. T. D. ☐ Change ☒ Addition

2.2 NAME MIKE DICKSON

2.3 STREET ADDRESS 901 6TH STREET NW

2.4 CITY - ST - ZIP WINTER HAVEN, FL 33881

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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

14. I do 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:

Lee Symonds REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97 (941) 401-9200

Date Daytime Phone #

CR2E034 (9/96)