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**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90152 001 \*1,111.25

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

NEFCOM PAGING, INC.

Principal Place of Business

Mailing Address

130 N. 4th St. P. O. Box 485  
Maccleddy, FL 32063-2112 Maccleddy, FL 32063-0485

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1996

4. FEI Number

59-3368417

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONNER, LEON  
130 N. 4th St.  
Maccleddy, FL 32063-2112

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 VD ☐ DELETE  
NAME CONNER, LEON  
STREET ADDRESS 130 NORTH FOURTH STREET  
CITY-ST-ZIP MACCLEDDY, FL 32063-2112

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PD (NOTE TITLE CHANGE) ☒ Change ☐ Addition  
CONNER, LEON  
130 NORTH FOURTH STREET  
MACCLEDDY, FL 32063-2112

TITLE D ☐ DELETE  
NAME HOLLAND, EVELYN H.  
STREET ADDRESS 130 NORTH FOURTH STREET  
CITY-ST-ZIP MACCLEDDY, FL 32063-2112

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

S (PREVIOUS TITLE INCORRECT) ☒ Change ☐ Addition  
HOLLAND, EVELYN H.  
130 NORTH FOURTH STREET  
MACCLEDDY, FL 32063-2112

TITLE T ☐ DELETE  
NAME MCGLEW, JOHN T.  
STREET ADDRESS 130 NORTH FOURTH STREET  
CITY-ST-ZIP MACCLEDDY, FL 32063-2112

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

D ☐ Change ☒ Addition  
ROSS, JOHNNY R  
Hwy. 82 & 29  
LEWISVILLE, ARKANSAS 71845

TITLE PDC ☒ DELETE  
NAME WALKER, GLADYS R.  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

D ☐ Change ☒ Addition  
EASTERDAY, JANET C.  
130 NORTH FOURTH STREET  
MACCLEDDY, FL 32063-2112

TITLE D ☒ DELETE  
NAME COMBS, LINDA S.  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

D ☐ Change ☒ Addition  
CONNER, SHANNON D.  
130 NORTH FOURTH STREET  
MACCLEDDY, FL 32063-2112

TITLE D ☒ DELETE  
NAME CONNER, F. PAUL  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Leon Conner, President/Dir. 1-21-99

904-259-0620

Date

Daytime Phone #

CR2E034 (11/98)