


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

FILED
May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000041493 (3)					
1. Corporation Name SULLIVAN'S TELECOM, INC.					
Principal Place of Business 149 N. HIGHWAY 22A PANAMA CITY FL 32404			Mailing Address 149 N. HIGHWAY 22A PANAMA CITY FL 32404-6235		
2. Principal Place of Business 21 SAME AS ABOVE Suite Apt. # etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/14/1996	
22 City & State		27 City & State		3a. Date of Last Report N/A	
23 Zip		28 Zip		4. FEI Number 59-3379045	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SULLIVANN, BOBBY N SR. 149 N. HIGHWAY 22A PANAMA CITY FL 32404			10. Name and Address of New Registered Agent 81 Name SAME AS 9 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 607.1608, 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: Bobby N Sullivan Sr DATE: 4-15-97 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE <input type="checkbox"/> DELETE NAME SULLIVAN, BOBBY N SR STREET ADDRESS 149 N. HIGHWAY 22A CITY- ST- ZIP PANAMA CITY FL 32404			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP		
2. TITLE <input type="checkbox"/> DELETE NAME SULLIVAN, RUTH W STREET ADDRESS 149 N. HIGHWAY 22A CITY- ST- ZIP PANAMA CITY FL 32404			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP		
3. TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP		
4. TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP		
5. TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP		
6. TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: Bob N Sullivan <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-15-97 904 872-0200 <small>Date Daytime Phone #</small>		

CR2E034 (9/96)