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FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000058953 (6)

1. Corporation Name

WIRELESS VENTURES OF WEST VIRGINIA, INC.

Principal Place of Business  
3110 CAPITAL CIRCLE N.E.  
TALLAHASSEE FL 32308

Mailing Address  
3110 CAPITAL CIRCLE N.E.  
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1996

4. FEI Number

59-3391348

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

LANE, WILLIAM H  
3110 CAPITAL CIRCLE N.E.  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

DAVID WILDER

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

3110 CAPITAL CIRCLE N.E.

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/98

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BOYLE, DENNIS O  
STREET ADDRESS 3110 CAPITAL CIRCLE N.E.  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VSTD  
NAME LANE, WILLIAM H  
STREET ADDRESS 3110 CAPITAL CIRCLE N.E.  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D  
NAME PHIPPS, JOHN E  
STREET ADDRESS 3110 CAPITAL CIRCLE N.E.  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

2/9/98

CR2E034 (10/97)