

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

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Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000066339 (8)**

1. Corporation Name:
NEFCOM PCS, INC.



Principal Place of Business 130 NORTH FOURTH STREET MACCLENNY FL 32063-0485	Mailing Address 130 NORTH FOURTH STREET MACCLENNY FL 32063-2112
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3. Date Incorporated or Qualified 08/09/1996	3a. Date of Last Report
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2. Principal Place of Business 21 130 North Fourth Street Suite, Apt. #, etc.	2a. Mailing Address 26 P. O. Box 485 Suite, Apt. #, etc.	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 MacleNNy, FL	27 City & State 28 MacleNNy, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 32063-2112 25 Country US	29 Zip 32063-0485 30 Country US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**ERWIN, DAVID B
225 SOUTH ADAMS STREET
TALLAHASSEE FL 32301**

Leon Conner

10. Name and Address of New Registered Agent

81 Name Conner, Leon	85 Zip Code 32063-2112
82 Street Address (P.O. Box Number is Not Acceptable) 130 North Fourth Street	
83	
84 City MacleNNy, FL	

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 **Leon Conner, Vice President** 1-08-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE P/D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALKER, GLADYS R		1.2 NAME Walker, Gladys R.	
STREET ADDRESS 130 NORTH FOURTH STREET		1.3 STREET ADDRESS 130 North Fourth Street	
CITY- ST- ZIP MACCLENNY FL 32063-0485		1.4 CITY- ST- ZIP MacleNNy, FL 32063-2112	
TITLE 	<input type="checkbox"/> DELETE	2.1 TITLE D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		2.2 NAME Conner, Leon	
STREET ADDRESS 		2.3 STREET ADDRESS 130 North Fourth Street	
CITY- ST- ZIP 		2.4 CITY- ST- ZIP MacleNNy, FL 32063-2112	
TITLE 	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		3.2 NAME Combs, Linda S.	
STREET ADDRESS 		3.3 STREET ADDRESS 130 North Fourth Street	
CITY- ST- ZIP 		3.4 CITY- ST- ZIP MacleNNy, FL 32063-2112	
TITLE 	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		4.2 NAME Conner, F. Paul	
STREET ADDRESS 		4.3 STREET ADDRESS 130 North Fourth Street	
CITY- ST- ZIP 		4.4 CITY- ST- ZIP MacleNNy, FL 32063-2112	
TITLE 	<input type="checkbox"/> DELETE	5.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		5.2 NAME Holland, Evelyn H.	
STREET ADDRESS 		5.3 STREET ADDRESS 130 North Fourth Street	
CITY- ST- ZIP 		5.4 CITY- ST- ZIP MacleNNy, FL 32063-2112	
TITLE 	<input type="checkbox"/> DELETE	6.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		6.2 NAME McGlew, John T.	
STREET ADDRESS 		6.3 STREET ADDRESS 130 North Fourth Street	
CITY- ST- ZIP 		6.4 CITY- ST- ZIP MacleNNy, FL 32063-2112	

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: *Leon Conner* **Leon Conner** 1-08-97 904-259-2261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)