

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

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 # P96000066339 (8)

1. Corporation Name
NEFCOM PCS, INC.

Principal Place of Business
130 N FOURTH ST
MACCLENNY FL 32063-2112
US

Mailing Address
PO BOX 485
MACCLENNY FL 32063-0485
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3425137	Applied For
22	City & State	27	City & State	APPLIED FOR	
23	Zip	28	Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> X8	\$8.75 Additional Fee Required
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CONNER, LEON 130 N FOURTH ST MACCLENNY FL 32063				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	PDC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, GLADYS R	1.2 NAME	
STREET ADDRESS	130 NORTH FOURTH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER, LEON	2.2 NAME	
STREET ADDRESS	130 N FOURTH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMBS, LINDA S	3.2 NAME	
STREET ADDRESS	130 N FOURTH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER, F PAUL	4.2 NAME	
STREET ADDRESS	130 N FOURTH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, EVELYN H	5.2 NAME	
STREET ADDRESS	130 N FOURTH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGLEW, JOHN T	6.2 NAME	
STREET ADDRESS	130 N FOURTH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	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)(l), 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 1-06-98

904-259-2268

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