

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-02-1999 90152 001 *1,111.25

DOCUMENT # P96000066339

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

3. Date Incorporated or Qualified

08/09/1996

4. FEI Number

59-3425137

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. 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 (Please add Zip Code extension)

84 City

FL

85 Zip Code

32063-2112

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 ☒ DELETE
NAME WALKER, GLADYS R
STREET ADDRESS 130 NORTH FOURTH STREET
CITY-ST-ZIP MACCLENNY FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME ROSS, JOHNNY R.
1.3 STREET ADDRESS HWY. 82 & 29
1.4 CITY-ST-ZIP LEWISVILLE, ARKANSAS 71845

TITLE DV ☐ DELETE
NAME CONNER, LEON
STREET ADDRESS 130 N FOURTH ST
CITY-ST-ZIP MACCLENNY FL

2.1 TITLE P/D ☒ Change ☐ Addition
2.2 NAME CONNER, LEON
2.3 STREET ADDRESS 130 NORTH FOURTH STREET
2.4 CITY-ST-ZIP MACCLENNY, FLORIDA 32063

TITLE D ☒ DELETE
NAME COMBS, LINDA S
STREET ADDRESS 130 N FOURTH ST
CITY-ST-ZIP MACCLENNY FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME EASTERDAY, JANET C.
3.3 STREET ADDRESS 130 NORTH FOURTH STREET
3.4 CITY-ST-ZIP MACCLENNY, FLORIDA 32063

TITLE D ☒ DELETE
NAME CONNER, F PAUL
STREET ADDRESS 130 N FOURTH ST
CITY-ST-ZIP MACCLENNY FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME CONNER, SHANNON D.
4.3 STREET ADDRESS 130 NORTH FOURTH STREET
4.4 CITY-ST-ZIP MACCLENNY, FLORIDA 32063

TITLE S ☐ DELETE
NAME HOLLAND, EVELYN H
STREET ADDRESS 130 N FOURTH ST
CITY-ST-ZIP MACCLENNY FL

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

TITLE T ☐ DELETE
NAME MCGLEW, JOHN T
STREET ADDRESS 130 N FOURTH ST
CITY-ST-ZIP MACCLENNY FL

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President/Dir.

1-15-99

904-259-0620

Date

Daytime Phone #

CR2E034 (11/98)