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Apr 25 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 # P96000071013 (2)

1. Corporation Name
PRIORITY PAGING, INC.

Principal Place of Business
1728 KINGSLEY AVENUE, SUITE 3
ORANGE PARK FL 32073-4456

Mailing Address
1728 KINGSLEY AVENUE, SUITE 3
ORANGE PARK FL 32073-4456



3. Date Incorporated or Qualified
08/22/1996

3a. Date of Last Report

2. Principal Place of Business
21 1728 Kingsley Ave
Suite, Apt. #, etc.
22 Suite 199
City & State
23 ORANGE PARK, FL
Zip
24 32073-4456 25 USA
2a. Mailing Address
26 1728 Kingsley Ave
Suite, Apt. #, etc.
27 Suite 199
City & State
28 ORANGE PARK FL.
Zip
29 32073-4456 30 USA

4. FEI Number
59-3398534

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BURKE, JOHN-PAUL
1728 KINGSLEY AVENUE, SUITE 3
ORANGE PARK FL 32073-4456

10. Name and Address of New Registered Agent

81 Name
BURKE, JOHN-PAUL
82 Street Address (P.O. Box Number is Not Acceptable)
1728 KINGSLEY AVE
83 SUITE 199
84 City
ORANGE PARK FL 85 Zip Code
32073-4456

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 *JPB* JOHN-PAUL BURKE

4-21-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BURKE, JOHN-PAUL	
STREET ADDRESS	1728 KINGSLEY AVENUE, SUITE 3	
CITY - ST - ZIP	ORANGE PARK FL 32073-4456	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURKE, RHODA S	
STREET ADDRESS	1728 KINGSLEY AVENUE, SUITE 3	
CITY - ST - ZIP	ORANGE PARK FL 32073-4456	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHENS, WILLIAM S	
STREET ADDRESS	2833 SELMA STREET	
CITY - ST - ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/C	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1728 KINGSLEY AVE, SUITE 199	
1.4 CITY - ST - ZIP		
2.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1728 KINGSLEY AVE, SUITE 199	
2.4 CITY - ST - ZIP		
3.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 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		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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: *JPB* JOHN-PAUL BURKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97
Date

(904) 264-6400
Daytime Phone

0015721

CR2E034 (9/96)