

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90030 037 ***150.00

DOCUMENT # P96000079978

1. Corporation Name

WIRELESS ONE NETWORK, INC.

Principal Place of Business

**2100 ELECTRONICS LANE
FORT MYERS FL 33912**

Mailing Address

**2100 ELECTRONICS LANE
FORT MYERS FL 33912**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1996

4. FEI Number

NOT APPLICABLE

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DWYER, JAMES A
2100 ELECTRONICS LANE
FORT MYERS FL 33912**

10. Name and Address of New Registered Agent

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

TITLE	PF	<input type="checkbox"/> DELETE
NAME	DWYER, JAMES A	
STREET ADDRESS	3630 ESTERO BLVD.	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HEATH, PATRICIA	
STREET ADDRESS	2100 ELECTRIC LANE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MONTERO, THERESA COX	
STREET ADDRESS	6869 HIGHLANDS PINES CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DWYER, JAMES A I	
STREET ADDRESS	2100 ELECTRONICS LANE	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DWYER, JAMES A	
STREET ADDRESS	2100 ELECTRONICS LANE	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dwyer, James A.	
1.3 STREET ADDRESS	15184 Fiddlesticks Blvd.	
1.4 CITY-ST-ZIP	Fort Myers, FL 33912	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dwyer, James A., III	
4.3 STREET ADDRESS	2100 Electronics Lane	
4.4 CITY-ST-ZIP	Fort Myers, FL 33912	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dwyer, John A.	
5.3 STREET ADDRESS	2100 Electronics Lane	
5.4 CITY-ST-ZIP	Fort Myers, FL 33912	
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 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

941-489-1600

Date

Daytime Phone #

CR2E034 (1/98)

0443517