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FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000007018 (9)

1. Corporation Name

SOUTHEASTERN WIRELESS GROUP, INC.



Principal Place of Business

5640 SW 6TH PLACE
SUITE 800
OCALA FL 34474

Mailing Address

5640 SW 6TH PLACE
SUITE 800
OCALA FL 34474

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4185 W. HWY 40, SUITE F

Suite, Apt. #, etc.

22 SUITE F

City & State

23 Ocala, Florida

Zip

24 34482

Country

25 USA

2a. Mailing Address

26 (SAME) 4185 W. HWY 40

Suite, Apt. #, etc.

27 SUITE F

City & State

28 Ocala, Florida

Zip

29 34482

Country

30 USA

3. Date Incorporated or Qualified

01/23/1997

4. FEI Number

59-3429080

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOSIEUR, MICHAEL H
5640 SW 6TH PLACE
SUITE 800
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name MICHAEL H. MOSIEUR

82 Street Address (P.O. Box Number is Not Acceptable)

4185 W. HWY 40

83 SUITE F

84 City Ocala

FL

85 Zip Code 34482

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 Michael H. Mosieur MICHAEL H. MOSIEUR, PRESIDENT 1/8/98
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 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT - P ☐ Change ☐ Addition

1.2 NAME MICHAEL H. MOSIEUR

1.3 STREET ADDRESS 4185 W. HWY 40 SUITE F

1.4 CITY-ST-ZIP Ocala, FLA 34482

2.1 TITLE VICE PRESIDENT - VP ☐ Change ☐ Addition

2.2 NAME MATTHEW G MOSIEUR

2.3 STREET ADDRESS 4185 W. HWY 40 SUITE F

2.4 CITY-ST-ZIP Ocala, FLA 34482

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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.

CR2E034 (10/97)