

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

DOCUMENT # P97000007018

1. Corporation Name

SOUTHEASTERN WIRELESS GROUP, INC.

Principal Place of Business

4185 W HWY 40
SUITE F
OCALA FL 34482
US

Mailing Address

4185 W HWY 40
SUITE
OCALA FL 34482
US

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90075 017 ***158.75



DO NOT WRITE IN THIS SPACE

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 the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 425 SW 33rd Ave

Suite, Apt. #, etc.

22

City & State

23 Ocala, FL

Zip Country

24 34474 25 Marion

2a. Mailing Address

26 P.O. Box 970358

Suite, Apt. #, etc.

27

City & State

28 Ocala, FL

Zip Country

29 34477 30 Marion

9. Name and Address of Current Registered Agent

MOSIEUR, MICHAEL H
4185 W HWY 40
SUITE F
OCALA FL 34482

10. Name and Address of New Registered Agent

81 Name

Mosieur, Michael H.

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

425 SW 33rd Ave

83

84 City

Ocala

FL

85 Zip Code

34474

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 P ☐ DELETE

NAME MOSIEUR, MICHAEL H
STREET ADDRESS 4185 W HWY 40, SUITE F
CITY-ST-ZIP Ocala FL 34482

TITLE VP ☐ DELETE

NAME MOSIEUR, MATTHEW G
STREET ADDRESS 4185 W HWY 40 SUITE F
CITY-ST-ZIP Ocala FL 34482

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 P ☒ Change ☐ Addition

1.2 NAME Mosieur, Michael H.
1.3 STREET ADDRESS 425 SW 33rd Ave
1.4 CITY-ST-ZIP Ocala, FL 34474

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME Mosieur Matthew G.
2.3 STREET ADDRESS 425 SW 33rd Ave
2.4 CITY-ST-ZIP Ocala, FL 34474

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99

Date

352-369-1655

Daytime Phone #

CR2E034 (11/98)