

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90033 016 ***150.00

DOCUMENT # P97000073901

1. Corporation Name
CUNNINGHAM TELEPHONE & NETWORK SERVICES, INC.



Principal Place of Business
816 AMELIA AVENUE WEST
TAMPA FL 33602
US

Mailing Address
816 AMELIA AVENUE WEST
TAMPA FL 33602
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number

59-3479236

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 3350 west Hillsborough Ave

Suite, Apt. #, etc.

22 Apt 1114

City & State

23 Tampa, FLA

Zip

24 33614

Country

25 USA

2a. Mailing Address

26 P.O. Box 17557

Suite, Apt. #, etc.

27

City & State

28 Tampa, FLA

Zip

29

Country

30 USA

9. Name and Address of Current Registered Agent

CUNNINGHAM, CAMMIE J
816 AMELIA AVENUE WEST
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Cammie Cunningham

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

3350 west Hillsborough Ave Apt. 1114

83

Tampa, Florida

84 City

FL

85 Zip Code

33614

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.

Cammie J. Cunningham

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-7-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CUNNINGHAM, CAMMIE J
STREET ADDRESS 16106 OAKMANOR DRIVE
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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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 ☒ Change ☐ Addition

1.2 NAME Cunningham, Cammie J
1.3 STREET ADDRESS 3350 west Hillsborough Ave Apt. 1114
1.4 CITY-ST-ZIP Tampa, FLA 33614

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

Cammie J. Cunningham 4/7/99 8132090278

Date

Daytime Phone #

CR2E034 (11/98)

0384614