FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation Name 1. Corporation Name LOCAL TELEPHONE COMPANY, INC.											
Principal Place of Business				Mailing Address							
33 QULF BREEZE PARKWAY QULF BREEZE FL 32561				33 GULF BREEZE PARKWAY GULF BREEZE FL 32561				DO NOT WRITE IN THIS SPACE			
								 Date Incorporated or Qualified 09/30/1997 			
2. 21				2a. Mailing Address 26				4. FEI Number	✓ Appl Not A	ied For Applicable	
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$8.75 Ad Fee Requ		
23	City & State			City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to		
24	Zip	Country Zip C				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							10. Name and Address of New Registered Agent				
BROWN, FRANK						81	Name			ł	
33 Gulf Breeze Parkway Gulf Breeze Fl 32561							Street Address (P.O. Box Number is Not Acceptable)				
A SAME PARTIES A DOUGH											
						84			FL 85 Zip Co		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 runne of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12		OFFICERS AND DIRECTORS 1						ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	N 12	
TIT	E ;			☐ DELE	TE 1.1 T	TLE	P	0 00044	☐ Change	Addition	
NAME					1.2 N	1.2 NAME FR		LANK BROWN			
STREET ADDRESS						TREET	ADDRESS 33	LANK BROWN GULF BREEZE PAR	KWAY	l	

CITY-ST-ZIP **□** DELETE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2. 4 CITY-S1-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 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 truetge 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.

FILED

May 19 1998 8:00am

Secretary of State