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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700095596 (7)

RIGDON TELECOMMUNICATION SERVICES, INC.

Principal Place of Business Mading Address
38300 CRYSTAL LANE

UNATILLA FL 82784 UMATILLA FL 32784 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/07/199</u>7 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable <u>59-3477473</u> 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \mathbf{x} Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RIGDON, JOAN D 38300 CRYSTAL LANE 82 Street Address (P.O. Box Number is Not Acceptable) UMATILLA FL 32784 63 84 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 (NOTE flegistered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE RIGDON, STEPHEN L NAME 1.2 NAME 38300 CRYSTAL LANE STREET ADDRESS 1.3 STREET ADDRESS **UMATILLA FL 32784** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Addition TITLE RIGDON, JOAN D NAME 22 NAME 38300 CRYSTAL LANE STREET ADDRESS 23 STREET ADDRESS **UMATILLA FL 32784** CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Channe Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CiTY - ST - ZiP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY - S1 - ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 corpuration or the receiver or trustede empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with my discress.

SIGNATURE:

on Il Regdon

11P/Secretary

215198

FILED

Feb 23 1998 8:00am

Secretary of State

JR2E034 (10/97)