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 # P98000013431

1. Corporation Name

PALM BEACH TELEPHONE COMPANY

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90038 034 ***158.75



| Principal Place of Business Mailing Address | | | | | | | | |
|---|--|--------------|--------------------------|---|--------------|---|---|--|
| 777 SOUTH FLAGLER DRIVE 777 SOUTH FLAGLER DRIVE | | | | | | | | |
| SUITE 800 WEST | | | SUITE 800 WEST | | | | DO NOT WEITE IN THE SPACE | |
| WEST PALM BEACH FL 33401 | | | WEST PALM BEACH FL 33401 | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | | 3. Date Incorporated or Qualifed 02/11/1998 | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | 4. FEI Number 824652 Applied For Not Applicable | |
| 21 | | | 26 | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| City & State | | | City & State | | | | 6. Election Campaign Financing S5.00 May Be | |
| 23 | | | 28 Country | | | | Trust Fund Contribution Added to Fees | |
| Zip | Country | - | Zip | | ili y | | 8. This corporation owes the current year Intangible Personal Property Tax. | |
| 24 | 25 29 30 | | | 30 | | | 10. Name and Address of New Registered Agent | |
| | 9, Name and Address of Currer | it Regis | tered Agent | | 81 Name | | | |
| REED, G. PETER J | | | | ŀ | of Name | | | |
| 777 SOUTH FLAGLER DRIVE | | | ĺ | 82 | Street Add | eet Address (P.O. Box Number is Not Acceptable) | | |
| SUITE 800 WEST WEST PALM BEACH FL 33401 | | | | | | | | |
| **** | TADA DESCRITE GOTO | | | İ | 84 | City | FL 85 Zip Code | |
| 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 age | of and title | f anniirable (NOTE: I | Registered | Ager | nt signature requi | ired when reinstating) DATE | |
| 12. | OFFICERS AN | | | 13. | 19 0. | n organization in a square | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | | | 1.1 TIJ | LE | ī | P/S/T Change Addition | | |
| NAME | 121 | | 1.2 NA | ME | ' | C Paren Derante. | | |
| STREET ADDRESS | | | | | ADDRESS C | 2. TELER RECUITOR DRIVE | | |
| | | | | G. PETER REED , JR. 777 SOUTH PLAGLER DRIVE 2174-ST-ZIP WEST PALM BEACH, FL 35401 | | | | |
| CITY-ST-ZIP TITLE | | | ☐ DELETE | | | ,-2,1 | ☐ Change ☐ Addition | |
| | | | | 2.2 NAME | | | | |
| NAME | · | | | 2.3 STREET | | T ADDDESS | · | |
| STREET ADDRESS | | | | 2.74 CI | | l | | |
| CITY-ST-ZIP | | | ☐ DELETE | 3.1 TIT | | 51-2JP | Change Addition | |
| TITLE | | | ☐ DEEC, E | 3.2 NA | | | _ · _ | |
| NAME | | | | II. | | | | |
| STREET ADDRESS | | | | | | TADDRESS | | |
| CITY-ST-ZIP | | | [] DELETE | 3.4. CI 4.1 TIT | _ | 51-ZIP | ☐ Change ☐ Addition | |
| TITLE | | | C) netere | | | 1 | | |
| NAME: | | | | 4. 2 N | | | • | |
| STREET ADDRESS | 1 | | | 4.3 ST | REE | TADDRESS | | |
| CITY-ST-ZIP | | | | 4.4 CI | _ | T-ZIP | ☐ Change ☐ Addition | |
| TITLE | | | ☐ DELETE | 5.1 TIT | | | ☐ Change ☐ Addition | |
| NAME | | | | 5.2 NA | | | • | |
| STREET ADDRESS | | | | | | FADDRESS | | |
| C/TY-ST-ZIP | | | | 5.4 CII | | T-ZIP | | |
| TITLE | | | ☐ DELETE | 6.1 TIT | | | Change Addition | |
| NAME | 79. | | | 6.2 NA | ME | | • | |
| ATTITUTE ADDITION | | | | 63 ST | REF | TADDRESS | | |

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 armyal 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.

6.4 CITY-ST-ZIP

SIGNATURE: