

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90022 024 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000013581**

1. Corporation Name
CHARLES POPE CELLULAR COMMUNICATIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~1028 SOUTHEAST FIFTH AVENUE~~ ~~1028 SOUTHEAST FIFTH AVENUE~~
~~CRYSTAL RIVER FL 34429~~ ~~CRYSTAL RIVER FL 34429~~
4155 S SUNCOAST BLVD **4155 S. SUNCOAST BLVD**
HOMOSASSA FL 34446 **HOMOSASSA FL 34446**

3. Date Incorporated or Qualified
02/10/1998

4. FEI Number
59-3401573

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$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 2a. Mailing Address
4155 S SUNCOAST BLVD **4155 S. SUNCOAST BLVD**
~~1028 SOUTHEAST FIFTH AVENUE~~ ~~1028 SOUTHEAST FIFTH AVENUE~~
~~CRYSTAL RIVER FL 34429~~ ~~CRYSTAL RIVER FL 34429~~
HOMOSASSA FL 34446 **HOMOSASSA FL 34446**

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
SAME

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent
KOVACH, MICHAEL T
203 COURTHOUSE SQUARE
INVERNESS FL 34450

10. Name and Address of New Registered Agent
81 Name KOVACH, MICHAEL T
82 Street Address (P.O. Box Number is Not Acceptable) 106 N. OSCOLA AVE
83
84 City INVERNESS FL 85 Zip Code 34450

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: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D POPE, CHARLES L	1.2 NAME	PRESIDENT CHARLES L. POPE
STREET ADDRESS	1028 SOUTHEAST FIFTH AVENUE	1.3 STREET ADDRESS	SOME
CITY-ST-ZIP	CRYSTAL RIVER FL 34423-0023	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	ANNE POPE
STREET ADDRESS		2.3 STREET ADDRESS	VICE PRESIDENT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	1028 SE 5TH AVE
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	SEC 4 TREASURER
STREET ADDRESS		3.3 STREET ADDRESS	JULI POPE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	1557 S. PINWHEEL DR
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 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 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: Charles Pope 1-8-99 352-628-2891
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)