

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 # P98000013581

1. Corporation Name

CHARLES POPE CELLULAR COMMUNICATIONS, INC.

Principal Place of Business

~~1028 SOUTHEAST FIFTH AVENUE~~  
~~CRYSTAL RIVER FL 34429~~

4155 S SUNCOAST BLVD  
HOMOSASSA FL 34446

Mailing Address

~~1028 SOUTHEAST FIFTH AVENUE~~  
~~CRYSTAL RIVER FL 34429~~

4155 S. SUNCOAST BLVD  
HOMOSASSA FL 34446

2. Principal Place of Business

4155 S SUNCOAST BLVD  
HOMOSASSA FL 34446

2a. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

KOVACH, MICHAEL T  
203 COURTHOUSE SQUARE  
INVERNESS FL 34450

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1998

4. FEI Number

59-3401573

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

POPE, CHARLES L

STREET ADDRESS

1028 SOUTHEAST FIFTH AVENUE

CITY-ST-ZIP

CRYSTAL RIVER FL 34423-0023

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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

PRESIDENT

☐ Change

☐ Addition

1.2 NAME

CHARLES L. POPE

1.3 STREET ADDRESS

SAME

1.4 CITY-ST-ZIP

2.1 TITLE

ANNE POPE

☐ Change

☒ Addition

2.2 NAME

VICE PRESIDENT

2.3 STREET ADDRESS

1028 SE 5TH AVE

2.4 CITY-ST-ZIP

CRYSTAL RIVER FL 34429

3.1 TITLE

SEC 4 TREASURER

☐ Change

☒ Addition

3.2 NAME

JULI POPE

3.3 STREET ADDRESS

1557 S. PINWHEEL DR

3.4 CITY-ST-ZIP

CRYSTAL RIVER FL 34429

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:

Charles Pope

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

Date

352-628-2891

Daytime Phone #

CR2E034 (11/98)

0487540