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Secretary of State

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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.

Principal Place	e of Business	Mailing Address		F INNTIBUL IVE INIBI INIBI DELLI	it trada silat bilet relet liat (en
	ST_FIFTH_AVENUE_	1028-SOUTHEAST-FIFTH-AVE	NUE		
HISS S. Suuconst Blud		— CRYSTAL RIVER FL 34429		DO NOT WRITE IN THIS SPACE	
Homosassa Fl 34446		4155 S. Sunconst Blud		3. Date Incorporated or Qualifed	
		Homusassa FL 3444L		02/10/1998	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FE! Number	Applied For
	SUNCOAST BLUC MASACCA FL 3444C	26 SAME		59-3401573	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Э	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	
24	25	29 30	0	Personal Property Tax.	☐ Yes 12—1415
Name and Address of Current Registered Agent				10. Name and Address of New Registered	d Agent
KOV	ACH, MICHAEL T		81 Name	KOVACH, MICHAEL	τ
	COURTHOUSE SQUARE			dress (P.O. Box Number is Not Acceptable)	
INVERNESS FL 34450			83	6 N. OSCEDIA A	12
	341200 12 07100		65		
			84 City	VERNESS FL FI	85 Zip Code 3 4 4 5 0
11 Dureuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes.	the above named cor	reporation submits this statement for the nurpose of	f changing its registered
office or re	egistered agent, or both, in the State o	of Florida. Such change was auth	norized by the corpora	ition's board of directors. I hereby accept the appoint	ointment as registered
	m familiar with, and accept the obligati	ons or, section 607.0505, Florida	a Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature requ	ired when reinstating) DATE	
12.	OFFICERS AND) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	: 1.1 TITLE	CHARLES L. POPE	Change Addition
NAME	POPE, CHARLES L		1.2 NAME (ALIANITE I. PANE	
STREET ADDRESS	1028 SOUTHEAST FIFTH AVEN	.i hF		— "	
CITY-ST-ZIP	CRYSTAL RIVER FL 34423-0023		1.3 STREET ADDRESS	— "	
TITLE	OHIOTAL HITCH I E STTES TOZO	3	1.4 CITY-ST-ZIP	Some	Change Addition
	OTTOTAL WITCH TE 04420 0020		1.4 CiTY-ST-ZIP 2.1 TITLE	SOME QUNE POPE	☐ Change ☐ ▲ Addition
NAME	OHIOTAE TIVELTY E 044E0 00E0	3	: 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	SOME PAPE POPE VICE PRESIDENT	☐ Change ☐ Addition
STREET ADORESS	ONIONE WILLIAM SAMES	3	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	SOME ANNE POPE VICE PRESIDENT LOZ8 SE SEL ANE	
STREET ADDRESS	ONIONE WILLIAM SAVES	B □ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ANNE POPE VICE PRESIDENT 1028 SE SEL ANE CRYSTAL RIVER FR	34429
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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.

6.4 CITY+ST+ZIP

SIGNATURE:

STREET ADDRESS