

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90035 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # S28555 1. Corporation Name CITRUS COUNTY TELEPHONE, INC.																																																																																																																																																			
Principal Place of Business 579 S.E. HIGHWAY 19 CRYSTAL RIVER FL 34429		Mailing Address 579 S.E. HIGHWAY 19 CRYSTAL RIVER FL 34429																																																																																																																																																	
DO NOT WRITE IN THIS SPACE																																																																																																																																																			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		3. Date incorporated or Qualified 01/25/1991 4. FEI Number 65-0243015 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees 7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No																																																																																																																																																	
9. Name and Address of Current Registered Agent HENDERSON, CHRISTINE 3730 WHIPPERWILL ST LECANTO FL 34460		10. Name and Address of New Registered Agent 81 Name Robert Stack 82 Street Address (P.O. Box Number is Not Acceptable) 63 Easy St. 83 LECANTO, FL 34460 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 <u><i>Robert Stack</i></u> DATE 5/3/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)																																																																																																																																																			
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>STACK, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 278/63 EASY ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LECANTO FL 34460</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>STACK, DEBRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 278/63 EASY ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LECANTO FL 34460</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S/T</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>HENDERSON, CHRISTINE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3730 WHIPPERWILL ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LECANTO FL 34460</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P	☐ DELETE	NAME	STACK, ROBERT		STREET ADDRESS	P.O. BOX 278/63 EASY ST		CITY-ST-ZIP	LECANTO FL 34460		TITLE	VP	☐ DELETE	NAME	STACK, DEBRA		STREET ADDRESS	P.O. BOX 278/63 EASY ST		CITY-ST-ZIP	LECANTO FL 34460		TITLE	S/T	☒ DELETE	NAME	HENDERSON, CHRISTINE		STREET ADDRESS	3730 WHIPPERWILL ST		CITY-ST-ZIP	LECANTO FL 34460		TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>Pres, Treas</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>Stack, Robert</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>P.O. Box 278/63 Easy St.</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>LECANTO FL 34460</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>VP, Sect.</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>Stack, Debra</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>P.O. Box 278, 63 Easy St</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>LECANTO, FL 34460</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		1.1 TITLE	Pres, Treas	☒ Change ☐ Addition	1.2 NAME	Stack, Robert		1.3 STREET ADDRESS	P.O. Box 278/63 Easy St.		1.4 CITY-ST-ZIP	LECANTO FL 34460		2.1 TITLE	VP, Sect.	☒ Change ☐ Addition	2.2 NAME	Stack, Debra		2.3 STREET ADDRESS	P.O. Box 278, 63 Easy St		2.4 CITY-ST-ZIP	LECANTO, FL 34460		3.1 TITLE		☐ Change ☐ Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP			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		
TITLE	P	☐ DELETE																																																																																																																																																	
NAME	STACK, ROBERT																																																																																																																																																		
STREET ADDRESS	P.O. BOX 278/63 EASY ST																																																																																																																																																		
CITY-ST-ZIP	LECANTO FL 34460																																																																																																																																																		
TITLE	VP	☐ DELETE																																																																																																																																																	
NAME	STACK, DEBRA																																																																																																																																																		
STREET ADDRESS	P.O. BOX 278/63 EASY ST																																																																																																																																																		
CITY-ST-ZIP	LECANTO FL 34460																																																																																																																																																		
TITLE	S/T	☒ DELETE																																																																																																																																																	
NAME	HENDERSON, CHRISTINE																																																																																																																																																		
STREET ADDRESS	3730 WHIPPERWILL ST																																																																																																																																																		
CITY-ST-ZIP	LECANTO FL 34460																																																																																																																																																		
TITLE		☐ DELETE																																																																																																																																																	
NAME																																																																																																																																																			
STREET ADDRESS																																																																																																																																																			
CITY-ST-ZIP																																																																																																																																																			
TITLE		☐ DELETE																																																																																																																																																	
NAME																																																																																																																																																			
STREET ADDRESS																																																																																																																																																			
CITY-ST-ZIP																																																																																																																																																			
TITLE		☐ DELETE																																																																																																																																																	
NAME																																																																																																																																																			
STREET ADDRESS																																																																																																																																																			
CITY-ST-ZIP																																																																																																																																																			
1.1 TITLE	Pres, Treas	☒ Change ☐ Addition																																																																																																																																																	
1.2 NAME	Stack, Robert																																																																																																																																																		
1.3 STREET ADDRESS	P.O. Box 278/63 Easy St.																																																																																																																																																		
1.4 CITY-ST-ZIP	LECANTO FL 34460																																																																																																																																																		
2.1 TITLE	VP, Sect.	☒ Change ☐ Addition																																																																																																																																																	
2.2 NAME	Stack, Debra																																																																																																																																																		
2.3 STREET ADDRESS	P.O. Box 278, 63 Easy St																																																																																																																																																		
2.4 CITY-ST-ZIP	LECANTO, FL 34460																																																																																																																																																		
3.1 TITLE		☐ Change ☐ Addition																																																																																																																																																	
3.2 NAME																																																																																																																																																			
3.3 STREET ADDRESS																																																																																																																																																			
3.4 CITY-ST-ZIP																																																																																																																																																			
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert Stack*Date 5/21/99

Daytime Phone #

352-563-5586