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

**PROFIT** CORPORATION ANNUAL REPORT

2. Principal Place of Business

Suite, Apl. #, etc.

City & State

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Zip



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # S43259

(8)

NORTHWEST FLORIDA TELEPHONE COMPANY, INC.

Principal Place of Business	Mailing Address
1110 BAY COURT	1110 BAY COUR
DESTIN FL 32541 US	DESTIN FL 3254 US

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1110 BAY COURT

DESTIN FL 32541

## FILED Jan 20 1998 8:00am Secretary of State



OURT 32541 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1991 2a. Mailing Address 4. FEI Number Applied For 59-3062360 Not Applicable 26 Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Country Zip 29 Personal Property Tax due June 30. Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 STEWART, ROBERT M Street Address (P.O. Box Number is Not Acceptable) R3

FI 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.

City

SIGNATURE Signature, typod or printed name of registered agent and title if applicable [NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE STEWART, ROBERT M. NAME 1.2 NAME 1110 BAY COURT STREET ADDRESS 1.3 STREET ADDRESS **DESTIN FL** CITY-ST-ZIE 1.4 C(TY-\$1-ZIF DELETE Change Addition 2.17(1)(6) TATLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filipe 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 anguar report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the property of the property of the corporation of the corpor Block 12 or Block 13 if changed, or

Zip Code