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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S72334** **(3)**

1. Corporation Name

CENTRAL FLORIDA CELLULAR ADVANTAGE, INC.

Principal Place of Business	Mailing Address
805-A SOUTH MAGNOLIA AVENUE OCALA FL 34474 US	805-A SOUTH MAGNOLIA AVENUE OCALA FL 34474 US

3. Date Incorporated or Qualified: **08/08/1991**

3a. Date of Last Report: **05/12/1995**

4. FEI Number: **59-3078241** ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 103 Edwards Road	26 103 Edwards Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Starke, FL	City & State 28 Starke, FL
Zip 24 32091 Country 25 USA	Zip 29 32091 Country 30 USA

9. Name and Address of Current Registered Agent

REDDISH, RONALD K.
805-A SOUTH MAGNOLIA AVENUE
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 103 Edwards Road

83

84 City Starke **FL** 85 Zip Code 32091

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 _____ DATE _____
Signature, typed or printed name of registered agent (Cannot be blank if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	REDDISH, RONALD K.		1.2 NAME	
STREET ADDRESS	805-A SOUTH MAGNOLIA AVE		1.3 STREET ADDRESS	103 Edwards Road
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	Starke, FL 32091
TITLE	DVT	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	REDDISH, DEBORAH L.		2.2 NAME	
STREET ADDRESS	805-A SOUTH MAGNOLIA AVE		2.3 STREET ADDRESS	103 Edwards Road
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	Starke, FL 32091
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Deborah L. Reddish Deborah L. Reddish 4-10-96 904-964-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #