

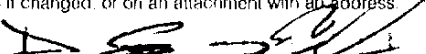


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 882779 1. Corporation Name Atlantic Telephone Co., Inc.					
Principal Place of Business 429 N. Ridgewood Ave. Daytona Beach, Florida 32114		Mailing Address 412 E. Madison Street Suite 1207 Tampa, Florida 33602			
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 429 N. Ridgewood Ave. Suite, Apt. #, etc. 22 City & State 23 Daytona Beach, Florida Zip 24 32114 Country 25 Volusia		2a. Mailing Address 26 412 E. Madison St. Suite, Apt. #, etc. 27 Suite 1207 City & State 28 Tampa, Florida Zip 29 33602 Country 30 Hillsborough		4. FEI Number 59-3089574 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Name and Address of Current Registered Agent David Frazer 429 N. Ridgewood Ave. Daytona Beach, Florida 32114		10. Name and Address of New Registered Agent 81 Name Curt D. Barnes 82 Street Address (P.O. Box Number is Not Acceptable) 412 E. Madison Street 83 Suite 1207 84 City Tampa 85 Zip Code FL 33602			
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 provisions 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE Director <input checked="" type="checkbox"/> DELETE		1.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME David Frazer		1.2 NAME Curt D. Barnes			
STREET ADDRESS 115 E. Granada Blvd Ste 1		1.3 STREET ADDRESS 412 E. Madison Street STE 1207			
CITY-ST-ZIP Ormond Beach, FL		1.4 CITY-ST-ZIP Tampa, Florida 33602			
TITLE Director <input checked="" type="checkbox"/> DELETE		2.1 TITLE Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME Diane Frazer		2.2 NAME D. Scott Edmiston			
STREET ADDRESS 115 E. Granada Blvd STE 1		2.3 STREET ADDRESS 412 E. Madison Street STE 1207			
CITY-ST-ZIP Ormond Beach, FL		2.4 CITY-ST-ZIP Tampa, Florida 33602			
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE		5.1 TITLE 300002607225 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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. SIGNATURE:  D. Scott Edmiston, Secretary, 6/24/98, 273-6789 (813)					

CR2E034 (10/97)