

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

**FILED**  
**Mar 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000005695 (8)**  
 1. Corporation Name  
**COMSOUTH TELESERVICES, INC.**



Principal Place of Business <b>108 S. LUMPKIN ST HAWKINSVILLE GA 31036</b>	Mailing Address <b>108 S. LUMPKIN ST HAWKINSVILLE GA 31036</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/27/1997</b>	
21	22	26	27	4. FEI Number <b>58-1512830</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	25	28	29	30
Zip		Country		Zip	
Country		Country		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	

9. Name and Address of Current Registered Agent <b>BUCHANAN INGERSOLL PROFESSIONAL CORP ONE TURNBERRY PLACE 19495 BISCAYNE BLVD, SUITE 606 AVENTURA FL 33180</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CEOD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENNINGS, W. MANSFIELD JR</b>	1.2 NAME	
STREET ADDRESS	<b>MANSFIELD DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAWKINSVILLE GA 31036</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENNINGS, GENELLE</b>	2.2 NAME	
STREET ADDRESS	<b>MANSFIELD DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAWKINSVILLE GA 31036</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDANIAL, MEREDITH J</b>	3.2 NAME	
STREET ADDRESS	<b>ABBYVILLE HWY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAWKINSVILLE GA 31036</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENNINGS, W.M. III</b>	4.2 NAME	
STREET ADDRESS	<b>BUCKCREEK RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAWKINSVILLE GA 31036</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRICE, LAVADA G</b>	5.2 NAME	
STREET ADDRESS	<b>WIMBISH DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PERRY GA 31069</b>	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: *[Signature]* 3/12/98 912-783-9000

CR2E034 (10/97)