

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

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FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90108 031 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F97000005695

1. Corporation Name
COMSOUTH TELESERVICES, INC.



| | |
|---|---|
| Principal Place of Business 108 S. LUMPKIN ST HAWKINSVILLE GA 31036 | Mailing Address 108 S. LUMPKIN ST HAWKINSVILLE GA 31036 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|--|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/27/1997 | |
| 21 | | 26 | | 4. FEI Number 58-1512830 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 | | 28 | | | |
| Zip | Country | Zip | Country | | |
| 24 | 25 | 29 | 30 | | |

| | | | | | |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| BUCHANAN INGERSOLL PROFESSIONAL CORP ONE TURNBERRY PLACE 19495 BISCAYNE BLVD, SUITE 606 AVENTURA FL 33180 | | | | 81 | Name |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | 83 | |
| | | | | 84 | City |
| | | | | FL | |

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | CEO <input type="checkbox"/> DELETE | 1.1 TITLE | COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JENNINGS, W. MANSFIELD JR | 1.2 NAME | Robert W. Krueger |
| STREET ADDRESS | MANSFIELD DR | 1.3 STREET ADDRESS | 630 Sandy Springs |
| CITY-ST-ZIP | HAWKINSVILLE GA 31036 | 1.4 CITY-ST-ZIP | Hawkinsville, GA 31036 |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JENNINGS, GENELLE | 2.2 NAME | |
| STREET ADDRESS | MANSFIELD DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HAWKINSVILLE GA 31036 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCDANIAL, MEREDITH J | 3.2 NAME | |
| STREET ADDRESS | ABBYVILLE HWY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HAWKINSVILLE GA 31036 | 3.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JENNINGS, W.M. III | 4.2 NAME | |
| STREET ADDRESS | BUCKCREEK RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HAWKINSVILLE GA 31036 | 4.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRICE, LAVADA G | 5.2 NAME | |
| STREET ADDRESS | WIMBISH DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PERRY GA 31069 | 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, with all other like empowered.

SIGNATURE: Robert W. Krueger Date: 1/8/99 Daytime Phone #: 912 783-4000

CR2E034 (11/98)