

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

**FILED**

**Jul 31 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P31617 (4)**  
1. Corporation Name  
**OCALA CELLULAR TELEPHONE COMPANY, INC.**



Principal Place of Business Mailing Address  
**5000 CARILLON POINT  
KIRKLAND WA 98033** **5000 CARILLON POINT  
KIRKLAND WA 98033-7358**

3. Date Incorporated or Qualified **10/31/1990** 3a. Date of Last Report **07/26/1996**  
4. FEI Number **91-1429238** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HOOPER, STEVEN W.</b>	
STREET ADDRESS	<b>5000 CARILLON POINT</b>	
CITY-ST-ZIP	<b>KIRKLAND WA 98033</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>PERRY, WAYNE M.</b>	
STREET ADDRESS	<b>5000 CARILLON POINT</b>	
CITY-ST-ZIP	<b>KIRKLAND WA 98033</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, MARK U.</b>	
STREET ADDRESS	<b>5000 CARILLON POINT</b>	
CITY-ST-ZIP	<b>KIRKLAND WA 98033</b>	
TITLE	<b>VPAS</b>	<input type="checkbox"/> DELETE
NAME	<b>MARSH, JENNIFER</b>	
STREET ADDRESS	<b>5000 CARILLON POINT</b>	
CITY-ST-ZIP	<b>KIRKLAND WA 98033</b>	
TITLE	<b>CFOT</b>	<input type="checkbox"/> DELETE
NAME	<b>HUFF, ROLLA P.</b>	
STREET ADDRESS	<b>5000 CARILLON POINT</b>	
CITY-ST-ZIP	<b>KIRKLAND WA 98033</b>	
TITLE	<b>SVPD</b>	<input type="checkbox"/> DELETE
NAME	<b>QUARTNER, ANDREW A.</b>	
STREET ADDRESS	<b>5000 CARILLON POINT</b>	
CITY-ST-ZIP	<b>KIRKLAND WA 98033</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>PRO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Daniel R. Hesse</b>	
13 STREET ADDRESS	<b>5000 Carillon Point</b>	
14 CITY-ST-ZIP	<b>Kirkland WA 98033</b>	
21 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Gregory P. Landis</b>	
23 STREET ADDRESS	<b>5000 Carillon Point</b>	
24 CITY-ST-ZIP	<b>Kirkland WA 98033</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	<b>CFOT/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>John D. Thompson</b>	
53 STREET ADDRESS	<b>5000 Carillon Point</b>	
54 CITY-ST-ZIP	<b>Kirkland WA 98033</b>	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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 \_\_\_\_\_

CR2E034 (9/96)