

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 09 1996 8:00 am
Secretary of State

DOCUMENT # 002260 (8)

1. Corporation Name
GTE FLORIDA INCORPORATED



Principal Place of Business Mailing Address
**201 N. FRANKLIN ST
FLTC0007
TAMPA FL 33602
US** **600 HIDDEN RIDGE
HOEO 3H47
IRVING TX 75038
US**

3. Date Incorporated or Qualified **06/20/1901** 3a. Date of Last Report **03/03/1995**
4. FEI Number **59-0397520** 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 **HQE03H10**
23 City & State 28
24 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
**MORRELL, MARCEIL
201 N. FRANKLIN ST FLTC0717
ONE TAMPA CITY CENTER
TAMPA FL 33602**

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 translating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAKES, PETER A	
STREET ADDRESS	201 N. FRANKLIN ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	APPEL, JOHN C.	
STREET ADDRESS	600 HIDDEN RIDGE	
CITY-ST-ZIP	IRVING TX	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	DISMORE, GERALD K.	
STREET ADDRESS	201 N. FRANKLIN ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SOMES, CHARLES J.	
STREET ADDRESS	600 HIDDEN RIDGE	
CITY-ST-ZIP	IRVING TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOSTER KENT B.	
STREET ADDRESS	600 HIDDEN RIDGE	
CITY-ST-ZIP	IRVING TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESSTMAN, MICHAEL B.	
STREET ADDRESS	600 HIDDEN RIDGE	
CITY-ST-ZIP	IRVING TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	600 HIDDEN RIDGE
3.4 CITY-ST-ZIP	IRVING, TX 75038
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WHITE, THOMAS W.
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CAHILL, RICHARD M.
6.3 STREET ADDRESS	600 HIDDEN RIDGE
6.4 CITY-ST-ZIP	IRVING, TX 75038

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: *Charles J. Somes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES J. SOMES SECRETARY

214/718-6999
Date: _____ Daytime Phone # _____

CR2E034 (12/95)