

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 06 1996 8:00 am
Secretary of State

DOCUMENT # 017944 (0)

1. Corporation Name
UNITED TELEPHONE COMPANY OF FLORIDA



Principal Place of Business: **555 LAKE BORDER DR. APOPKA FL 32703 US**
Mailing Address: **P O BOX 165000 LTAMONTE SPGS FL 32716-5000 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/29/1925		04/18/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-0248365		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24		29		25		30	
32716-5000		Orange		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNS, JERRY M. 555 LAKE BORDER DR. APOPKA FL 32703				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 300001809213 -05/06/96--01035--036			
				84 City Zip Code ***200.00 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 or title if applicable. Signature of Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCRAE, R. D.	1.2 NAME	John T. Cascio
STREET ADDRESS	555 LAKE BORDER DRIVE	1.3 STREET ADDRESS	555 Lake Border Drive
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLEY, J DARRELL	2.2 NAME	D. Wayne Peterson
STREET ADDRESS	555 LAKE BORDER DR.	2.3 STREET ADDRESS	2330 Shawnee Mission Pkwy
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	Westwood, KS 66205
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNS, J. M.	3.2 NAME	C. E. Rice
STREET ADDRESS	555 LAKE BORDER DR.	3.3 STREET ADDRESS	100 Laura Street
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYNATT, M. R.	4.2 NAME	R. M. Taylor
STREET ADDRESS	555 LAKE BORDER DR.	4.3 STREET ADDRESS	12800 University Drive, #350
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	Ft. Myers, FL 33907
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELLATORRE, T L	5.2 NAME	M. A. Garcia III
STREET ADDRESS	555 LAKE BORDER DR.	5.3 STREET ADDRESS	601 N. New York Ave.
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNAN, D.H.	6.2 NAME	M. A. McCarthy
STREET ADDRESS	555 LAKE BORDER DR.	6.3 STREET ADDRESS	555 Lake Border Drive
CITY-ST-ZIP	APOPKA FL 32703	6.4 CITY-ST-ZIP	Apopka, FL 32703

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: _____ DATE: 4-23-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JERRY M. JOHNS, VP
Digital Phone #: 407-889-6016
SG 5-6-96

CR2E034 (12/95)