

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 1:48

DOCUMENT # **844375** (6)

1. Corporation Name

JEFFERSON-PILOT COMMUNICATIONS COMPANY

Principal Place of Business

100 N. GREENE ST.
GREENSBORO NC 27401
US

Mailing Address

P. O. BOX 21008
GREENSBORO NC 27420
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/17/1979** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

4. FEI Number 56-0405830	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERLY, JOSEPH E.	12 NAME	
STREET ADDRESS	100 N GREENE STREET	13 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC	14 CITY - ST - ZIP	
TITLE	VS	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCALISTER, DANIEL K	22 NAME	
STREET ADDRESS	100 N. GREENE ST.	23 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	24 CITY - ST - ZIP	
TITLE	VD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILL, JOHN T., III	32 NAME	
STREET ADDRESS	100 N GREENE ST	33 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC	34 CITY - ST - ZIP	
TITLE	PD	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELL, WILLIAM E	42 NAME	
STREET ADDRESS	100 N GREENE ST	43 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC	44 CITY - ST - ZIP	
TITLE	V	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, DENNIS P	52 NAME	
STREET ADDRESS	20450 NW 2ND AVE	53 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	54 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 110.07(3)(a), 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: *David K. McAlister* **DAVID K. MCALISTER** **3-22-95** **910-691-3817**
(REGISTRAR) (AGENT TYPE) OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Captain Phone #)