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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 002260 (8)
1. Corporation Name
GTE FLORIDA INCORPORATED

Principal Place of Business: 201 N. FRANKLIN ST, FLTC007, TAMPA FL 33602, US
Mailing Address: 600 HIDDEN RIDGE, HOEO 3H47, IRVING TX 75038, US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/20/1901	04/18/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-0397520	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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, 85 Zip Code (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: _____ (Signature typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent Signature Required when Resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAKES, PETER A	1.2 NAME	
STREET ADDRESS	201 N. FRANKLIN ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	SENIOR VP-REGION OPERATIONS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JAMES D.	2.2 NAME	APPEL, JOHN C.
STREET ADDRESS	1 TAMPA CITY CENTER	2.3 STREET ADDRESS	600 HIDDEN RIDGE
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	IRVING, TX 75038
TITLE	SVP	3.1 TITLE	SVP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISMORE, GERALD K.	3.2 NAME	
STREET ADDRESS	201 N. FRANKLIN ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOMES, CHARLES J.	4.2 NAME	WHITE, THOMAS W.
STREET ADDRESS	600 HIDDEN RIDGE	4.3 STREET ADDRESS	600 HIDDEN RIDGE
CITY - ST - ZIP	IRVING TX	4.4 CITY - ST - ZIP	IRVING, TX 75038
TITLE	D	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER KENT B.	5.2 NAME	CAHILL, RICHARD M.
STREET ADDRESS	600 HIDDEN RIDGE	5.3 STREET ADDRESS	600 HIDDEN RIDGE
CITY - ST - ZIP	IRVING TX	5.4 CITY - ST - ZIP	IRVING, TX 75038
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESSTMAN, MICHAEL B.	6.2 NAME	
STREET ADDRESS	600 HIDDEN RIDGE	6.3 STREET ADDRESS	
CITY - ST - ZIP	IRVING TX	6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 of this report, or on an attachment with an address.

SIGNATURE: *Charles J. Somes*
CHARLES J. SOMES, SECRETARY