

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

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **834329** (5)
1. Corporation Name
DOBSON CORPORATION

APPROVED AND FILED
MAY 11 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **4600 PARKDALE DRIVE CORPUS CHRISTI TX 78411-9981**
Mailing Address: **4600 PARKDALE DRIVE CORPUS CHRISTI TX 78411-9981**

2. Filing Calendar Year	25. Mailing Address
21. State App # or	26. State App # or
22. City & State	27. City & State
23. Country	28. Country
24. Country	29. Country
30. Country	

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized	3a. Date of Last Report
05/14/1975	03/18/1994
4. FEI Number	Applied Fee
74-1693771	Not Applicable
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. 199.037, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

10. Name and Address of New Registered Agent

B1. Name		
B2. Street Address (P.O. Box Number is Not Acceptable)		
B3.		
B4. City	FL	B5. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0602, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS #1	
1. NAME: D DOBSON, G. W.	1. NAME: _____	1. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS: 4600 PARKDALE CORPUS CHRISTI TX	2. STREET ADDRESS: _____	2. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY & STATE: V MCLELLAN, J.M.	3. CITY & STATE: _____	3. CITY & STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME: 4600 PARKDALE CORPUS CHRISTI TX	4. NAME: _____	4. NAME: BOWLING, BEVERLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS: 4600 PARKDALE CORPUS CHRISTI TX	5. STREET ADDRESS: _____	5. STREET ADDRESS: 4600 PARKDALE CORPUS CHRISTI, TX	
6. CITY & STATE: VST CHATELAIN, C. J.	6. CITY & STATE: _____	6. CITY & STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME: 4600 PARKDALE CORPUS CHRISTI TX	7. NAME: _____	7. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS: 4600 PARKDALE CORPUS CHRISTI TX	8. STREET ADDRESS: _____	8. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. CITY & STATE: PD DOBSON, T. E.	9. CITY & STATE: _____	9. CITY & STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: 4600 PARKDALE CORPUS CHRISTI TX	10. NAME: _____	10. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS: 4600 PARKDALE CORPUS CHRISTI TX	11. STREET ADDRESS: _____	11. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY & STATE: V ABEL, R. BRUCE	12. CITY & STATE: _____	12. CITY & STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME: 4600 PARKDALE CORPUS CHRISTI TX	13. NAME: _____	13. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS: 4600 PARKDALE CORPUS CHRISTI TX	14. STREET ADDRESS: _____	14. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. CITY & STATE: V ABEL, R. BRUCE	15. CITY & STATE: _____	15. CITY & STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME: 4600 PARKDALE CORPUS CHRISTI TX	16. NAME: _____	16. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS: 4600 PARKDALE CORPUS CHRISTI TX	17. STREET ADDRESS: _____	17. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY & STATE: V ABEL, R. BRUCE	18. CITY & STATE: _____	18. CITY & STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME: 4600 PARKDALE CORPUS CHRISTI TX	19. NAME: _____	19. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. STREET ADDRESS: 4600 PARKDALE CORPUS CHRISTI TX	20. STREET ADDRESS: _____	20. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. CITY & STATE: V ABEL, R. BRUCE	21. CITY & STATE: _____	21. CITY & STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME: 4600 PARKDALE CORPUS CHRISTI TX	22. NAME: _____	22. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. STREET ADDRESS: 4600 PARKDALE CORPUS CHRISTI TX	23. STREET ADDRESS: _____	23. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. CITY & STATE: V ABEL, R. BRUCE	24. CITY & STATE: _____	24. CITY & STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. NAME: 4600 PARKDALE CORPUS CHRISTI TX	25. NAME: _____	25. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. STREET ADDRESS: 4600 PARKDALE CORPUS CHRISTI TX	26. STREET ADDRESS: _____	26. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. CITY & STATE: V ABEL, R. BRUCE	27. CITY & STATE: _____	27. CITY & STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME: 4600 PARKDALE CORPUS CHRISTI TX	28. NAME: _____	28. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. STREET ADDRESS: 4600 PARKDALE CORPUS CHRISTI TX	29. STREET ADDRESS: _____	29. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. CITY & STATE: V ABEL, R. BRUCE	30. CITY & STATE: _____	30. CITY & STATE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(4)(b), Florida Statutes. Further, I 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 liquidator empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 13 of Block 13 of changes or on an attachment with an address.

SIGNATURE: *R. Bruce Abel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. BRUCE ABEL, VICE PRESIDENT

4/26/95 (512) 818-0383