

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

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	<b>600 HIDDEN RIDGE</b>
3.4 CITY-ST-ZIP	<b>IRVING, TX 75038</b>
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	<b>WHITE, THOMAS W.</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>CAHILL, RICHARD M.</b>
6.3 STREET ADDRESS	<b>600 HIDDEN RIDGE</b>
6.4 CITY-ST-ZIP	<b>IRVING, TX 75038</b>

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)