

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

**201 N. FRANKLIN ST
FLTC0007
TAMPA FL 33602
US**

Mailing Address

**600 HIDDEN RIDGE
HOEO 3H47
IRVING TX 75038
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORRELL, MARCEIL
201 N. FRANKLIN ST FLTC0717
ONE TAMPA CITY CENTER
TAMPA FL 33602**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
DAKES, PETER A
201 N. FRANKLIN ST
TAMPA FL**

TITLE ☐ DELETE

NAME **SVP
APPEL, JOHN C.
600 HIDDEN RIDGE
IRVING TX**

TITLE ☐ DELETE

NAME **SVPD
DISMORE, GERALD K.
201 N. FRANKLIN ST.
TAMPA FL**

TITLE ☐ DELETE

NAME **S
SOMES, CHARLES J.
600 HIDDEN RIDGE
IRVING TX**

TITLE ☐ DELETE

NAME **D
FOSTER KENT B.
600 HIDDEN RIDGE
IRVING TX**

TITLE ☐ DELETE

NAME **D
ESSTMAN, MICHAEL B.
600 HIDDEN RIDGE
IRVING TX**

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST- ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST- ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST- ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST- ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST- ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)