

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

DOCUMENT # 834329 (5)

1. Corporation Name
DOBSON CORPORATION



Principal Place of Business: **4600 PARKDALE DRIVE CORPUS CHRISTI TX 78411-9961**
Mailing Address: **4600 PARKDALE DRIVE CORPUS CHRISTI TX 78411-9961**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/14/1975	3a. Date of Last Report 05/01/1995
21	22	26	27	4. FEI Number 74-1693771	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23		28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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

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 reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBSON, G. W.	1.2 NAME	
STREET ADDRESS	4600 PARKDALE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORPUS CHRISTI TX	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLELLAN, J.M.	2.2 NAME	
STREET ADDRESS	4600 PARKDALE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORPUS CHRISTI TX	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWLING, BEVERLY	3.2 NAME	
STREET ADDRESS	4600 PARKDALE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORPUS CHRISTI TX	3.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHATELAIN, C. J.	4.2 NAME	
STREET ADDRESS	4600 PARKDALE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORPUS CHRISTI TX	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBSON, T. E.	5.2 NAME	
STREET ADDRESS	4600 PARKDALE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORPUS CHRISTI TX	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABEL, R. BRUCE	6.2 NAME	
STREET ADDRESS	4600 PARKDALE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORPUS CHRISTI TX	6.4 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 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: *Beverly Bowling, VP & Controller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 (512)878-0367
Date Daytime Phone #

CR2E034 (12/95)