

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 834329 (5)

1. Corporation Name
DOBSON CORPORATION



Principal Place of Business 4600 PARKDALE DRIVE CORPUS CHRISTI TX 78411-9981	Mailing Address 4600 PARKDALE DRIVE CORPUS CHRISTI TX 78411-2830
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/14/1975	3a. Date of Last Report 04/26/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 74-1693771	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 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 VST	<input checked="" 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 checked="" 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 checked="" 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, J.M. P. Controller* Date: **4/18/97** Daytime Phone #: **512-878-0650**

CR2E034 (9/96)