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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **017944** **(0)**

1. Corporation Name
~~UNITED TELEPHONE COMPANY OF FLORIDA~~
SPRINT-FLORIDA, INCORPORATED

[redacted]

Principal Place of Business	Mailing Address
555 LAKE BORDER DR. APOPKA FL 32703 US	C/O JERRY M. JOHNS P.O. BOX 165000 ALTAMONTE SPRINGS FL 32716-5000 US

3. Date Incorporated or Qualified: 09/29/1925
3a. Date of Last Report: 05/06/1996
4. FEI Number: 59-0248365 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

JOHNS, JERRY M.
555 LAKE BORDER DR.
APOPKA FL 32703

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCRAE, R. D.		1.2 NAME		
STREET ADDRESS	555 LAKE BORDER DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KELLEY, J DARRELL		2.2 NAME		
STREET ADDRESS	555 LAKE BORDER DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		2.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNS, J. M.		3.2 NAME		
STREET ADDRESS	555 LAKE BORDER DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	Assistant VP and Assistant Treasurer	☒ Change ☐ Addition
NAME	MYNATT, M. R.		4.2 NAME		
STREET ADDRESS	555 LAKE BORDER DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DELLATORRE, T L		5.2 NAME		
STREET ADDRESS	555 LAKE BORDER DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CASCIO, JOHN T		6.2 NAME		
STREET ADDRESS	555 LAKE BORDER DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		6.4 CITY-ST-ZIP		

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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: SIGNATURE REQUIRED 4/14/97 407-889-6019

CR2E034 (9/96)

12. OFFICERS AND DIRECTORS continued

TITLE: V
NAME: Michael McCarthy
ADDRESS: 555 Lake Border Drive
Apopka, FL 32703

TITLE: V
NAME: Will Prout
ADDRESS: 555 Lake Border Drive
Apopka, FL 32703

TITLE: T
NAME: Jeannine Strandjord
ADDRESS: 555 Lake Border Drive
Apopka, FL 32703

TITLE: D
NAME: Michael B. Fuller
ADDRESS: 2330 Shawnee Mission Parkway
Westwood, KS 66205

TITLE: D
NAME: Don A. Jensen
ADDRESS: 2330 Shawnee Mission parkway
Westwood, KS 66205