

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 HOEO3H10 IRVING TX 75038 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/20/1901	
21		26		4. FEI Number 59-0397520	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MORRELL, MARCEL 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			

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	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAKES, PETER A			1.2 NAME	DAKS, PETER A.		
STREET ADDRESS	201 N. FRANKLIN ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP			
TITLE	EVPD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	APPEL, JOHN C.			2.2 NAME			
STREET ADDRESS	600 HIDDEN RIDGE			2.3 STREET ADDRESS			
CITY-ST-ZIP	IRVING TX			2.4 CITY-ST-ZIP			
TITLE	SVPD	<input type="checkbox"/> DELETE		3.1 TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DISMORE, GERALD K.			3.2 NAME	DINSMORE, GERALD K.		
STREET ADDRESS	600 HIDDEN RIDGE			3.3 STREET ADDRESS			
CITY-ST-ZIP	IRVING TX			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOMES, CHARLES J.			4.2 NAME			
STREET ADDRESS	600 HIDDEN RIDGE			4.3 STREET ADDRESS			
CITY-ST-ZIP	IRVING TX			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WHITE, THOMAS W.			5.2 NAME	MATELAND L. KEITH, JR.		
STREET ADDRESS	600 HIDDEN RIDGE			5.3 STREET ADDRESS	600 HIDDEN RIDGE		
CITY-ST-ZIP	IRVING TX			5.4 CITY-ST-ZIP	IRVING, TX 75038		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ESSTMAN, MICHAEL B.			6.2 NAME	LAWRENCE R. WHITMAN		
STREET ADDRESS	600 HIDDEN RIDGE			6.3 STREET ADDRESS	600 HIDDEN RIDGE		
CITY-ST-ZIP	IRVING TX			6.4 CITY-ST-ZIP	IRVING, TX 75038		

14. I 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.

CR2E034 (10/97)