FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -3 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 002260 (8)

1. Corporation Name
GTE FLORIDA INCORPORATED

Principal Place of Business	Mailing Address
201 N. FRANKLIN ST FLTC0007 TAMPA FL 33602 US	600 HIDDEN RIDGE HQE0 3H47 ISRVING TX 75038 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/20/1901
3a. Date of Last Report: 04/18/1994

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)

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

MORRELL, MARCEIL
201 N. FRANKLIN ST FLTCO717
ONE TAMPA CITY CENTER
TAMPA FL 33602

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	PD	11 TITLE		☐ Change ☐ Addition
NAME	DAKES, PETER A	12 NAME		
STREET ADDRESS	201 N. FRANKLIN ST	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE	SENIOR VP=REGION OPERATIONS	☒ Change ☐ Addition
NAME	BENNETT, JAMES D.	22 NAME	APPEL, JOHN C.	
STREET ADDRESS	1 TAMPA CITY CENTER	23 STREET ADDRESS	600 HIDDEN RIDGE	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	IRVING, TX 75038	
TITLE	SVP	31 TITLE	SVP/D	☒ Change ☐ Addition
NAME	DISMORE, GERALD K.	32 NAME		
STREET ADDRESS	201 N. FRANKLIN ST.	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	D	☐ Change ☒ Addition
NAME	SOMES, CHARLES J.	42 NAME	WHITE, THOMAS W.	
STREET ADDRESS	600 HIDDEN RIDGE	43 STREET ADDRESS	600 HIDDEN RIDGE	
CITY-ST-ZIP	IRVING TX	44 CITY-ST-ZIP	IRVING, TX 75038	
TITLE	D	51 TITLE	D	☐ Change ☒ Addition
NAME	FOSTER KENT B.	52 NAME	CAHILL, RICHARD M.	
STREET ADDRESS	600 HIDDEN RIDGE	53 STREET ADDRESS	600 HIDDEN RIDGE	
CITY-ST-ZIP	IRVING TX	54 CITY-ST-ZIP	IRVING, TX 75038	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	ESSTMAN, MICHAEL B.	62 NAME		
STREET ADDRESS	600 HIDDEN RIDGE	63 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX	64 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)(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 13 or Block 14 if changed, or on an attachment with an address.

SIGNATURE: Charles J. Somes
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CHARLES J. SOMES, SECRETARY

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