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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 005263 (9)

1. Corporation Name

GULF TELEPHONE COMPANY

Principal Place of Business

1650 PRUDENTIAL DRIVE
STE. 400
JACKSONVILLE FL 32207
US

Mailing Address

P. O. BOX 1380
JACKSONVILLE FL 32201
US

3. Date Incorporated or Qualified: **07/27/1911**

3a. Date of Last Report: **02/02/1995**

2. Principal Place of Business
21 **502 Fifth Street**
22 Suite, Apt. #, etc.
23 City & State: **Port St. Joe, FL**
24 Zip: **32456** 25 Country: **U.S.**

2a. Mailing Address
26 **P. O. Box 220**
27 Suite, Apt. #, etc.
28 City & State: **Port St. Joe, FL**
29 Zip: **32457** 30 Country: **U.S.**

4. FEI Number: **59-0277350** ☐ 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

R A ANDERSON
1650 PRUDENTIAL DRIVE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: **R. Mark Ellmer**
82 Street Address (P.O. Box Number is Not Acceptable): **502 Fifth Street**
83
84 City: **Port St. Joe** **FL** 85 Zip Code: **32456**

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: _____ **R. Mark Ellmer, Assistant Secretary** **6/24/96**
Signature of New Registered Agent (if changing) | Name and Title | Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VAUGHAN, J H RAILROAD BUILDING PORT ST JOE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DV J. H. Vaughan 502 Fifth Street Port St. Joe, FL 32456	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NEDLEY, R E RAILROAD BLDG 1ST STREET PORT ST JOE, FL 00000	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DP John M. Lewis 502 Fifth Street Port St. Joe, FL 32456	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FORD, E T RAILROAD BLDG 1ST STREET PORT ST JOE, FL 00000	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DVTS Robert V. DiPauli 502 Fifth Street Port St. Joe, FL 32456	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PETTY, C.M. 1650 PRUDENTIAL DR., #400 JACKSONVILLE, FL 00000	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V A. D. Lanier 502 Fifth Street Port St. Joe, FL 32456	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ANDERSON, R A 1650 PRUDENTIAL DR., #400 JACKSONVILLE, FL 00000	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	V W. H. Thomas 502 Fifth Street Port St. Joe, FL 32456	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD THORNTON, W L 1650 PRUDENTIAL DR., #400 JACKSONVILLE FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	V James B. Faison 502 Fifth Street Port St. Joe, FL 32456	☐ Change ☒ Addition

CR2E034 (12/95)

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ James B. Faison 6/24/96 (904) 229-7322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone Number