

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 176356 (4)**

1. Corporation Name  
**ALLTEL FLORIDA, INC.**



Principal Place of Business <b>206 WHITE AVE SE                  P.O. BOX 550                  LIVE OAK FL 32080-0343</b>	Mailing Address <b>ONE ALLIED DR                  P O BOX 2177                  LITTLE ROCK AR 72203                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-0717786</b>	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	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	
24. Country	29. Country		
25. Country	30. Country		

3. Date Incorporated or Qualified  
**12/04/1953**

9. Name and Address of Current Registered Agent <b>LEE, GEORGE W                  206 WHITE AVENUE, S.E.                  LIVE OAK FL 32080</b>		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	<b>FL</b>	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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLYNN, MIKE</b>	1.2 NAME	
STREET ADDRESS	<b>ONE ALLIED DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LITTLE ROCK AR 72202</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GADBERRY, JAMES</b>	2.2 NAME	
STREET ADDRESS	<b>ONE ALLIED DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LITTLE ROCK AR</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLOWAY, CHARLES</b>	3.2 NAME	
STREET ADDRESS	<b>ONE ALLIED DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LITTLE ROCK AR 72202</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMERON, DAVID</b>	4.2 NAME	
STREET ADDRESS	<b>ONE ALLIED DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LITTLE ROCK AR 72202</b>	4.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRASHEAR, RICHARD H</b>	5.2 NAME	
STREET ADDRESS	<b>206 WHITE AVENUE S.E.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIVE OAK FL 32080</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANTZ, FRANCIS X</b>	6.2 NAME	
STREET ADDRESS	<b>ONE ALLIED DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LITTLE ROCK AR 72202</b>	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *David Cameron* **4/24/98**

CR2E034 (10/97)

**ALLTEL FLORIDA, INC.  
OFFICERS AND DIRECTORS:**

**D  
MIKE FLYNN  
ONE ALLIED DRIVE  
LITTLE ROCK, AR 72202**

**D  
JAMES GADBERRY  
ONE ALLIED DRIVE  
LITTLE ROCK, AR 72202**

**D/V  
CHARLES GALLOWAY  
ONE ALLIED DRIVE  
LITTLE ROCK, AR 72202**

**P  
RICHARD H. BRASHEAR  
206 WHITE AVENUE S.E.  
LIVE OAK, FL 32060**

**EXEC. V  
CHARLES M. WILEY  
ONE ALLIED DRIVE  
LITTLE ROCK, AR 72202**

**V  
WILL STAGGS  
ONE ALLIED DRIVE  
LITTLE ROCK, AR 72202**

**V  
ANDREW F. COULTER  
ONE ALLIED DRIVE  
LITTLE ROCK, AR 72202**

**V  
AMERICO CORNACCHIONE  
ONE ALLIED DRIVE  
LITTLE ROCK, AR 72202**

**V  
JACK MITCHELL  
ONE ALLIED DRIVE  
LITTLE ROCK, AR 72202**

**V  
JEFFERY REYNOLDS  
ONE ALLIED DRIVE  
LITTLE ROCK, AR 72202**

**V  
JIM KIMZEY  
ONE ALLIED DRIVE  
LITTLE ROCK, AR 72202**

**T  
JERRY GREEN  
ONE ALLIED DRIVE  
LITTLE ROCK, AR 72202**

**S  
FRANCIS X. FRANTZ  
ONE ALLIED DRIVE  
LITTLE ROCK, AR 72202**

**ASST. S  
DAVID CAMERON  
ONE ALLIED DRIVE  
LITTLE ROCK, AR 72202**