

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # 808271 (1)
1. Corporation Name
SOUTHLAND TELEPHONE COMPANY

Principal Place of Business Mailing Address
201 S. PENSACOLA AVENUE POST OFFICE BOX 37
ATMORE AL 36502 ATMORE AL 36504-0037
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified 07/08/1950 3a. Date of Last Report 06/29/1994
4. FEI Number 63-0254712 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
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE P
NAME MCGEHEE, JEFFERSON
STREET ADDRESS 201 S. PENSACOLA AVENUE
CITY-ST-ZIP ATMORE AL
TITLE AS
NAME LAVERDI, BARBARA
STREET ADDRESS 180 S. CLINTON AVENUE
CITY-ST-ZIP ROCHESTER NY
TITLE AST
NAME DEPALMA, ROBERT J.
STREET ADDRESS 201 S. PENSACOLA AVENUE
CITY-ST-ZIP ATMORE AL
TITLE CD
NAME CARR, JEREMIAH T.
STREET ADDRESS 180 S. CLINTON AVE.
CITY-ST-ZIP ROCHESTER NY
TITLE AT
NAME MUCCI, MARTIN
STREET ADDRESS 180 S. CLINTON AVENUE
CITY-ST-ZIP ROCHESTER NY
TITLE STD
NAME MASSARO, LOUIS
STREET ADDRESS 180 S. CLINTON AVENUE
CITY-ST-ZIP ROCHESTER NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE T. Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE D. Change Addition
6.2 NAME Bittner, Ronald L.
6.3 STREET ADDRESS
6.4 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 110.07(3)(k), 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert J. DePalma Robert J. DePalma 2/21/95 (334) 368-9609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area) (Phone)