

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 808271 (1)

1. Corporation Name

FRONTIER COMMUNICATIONS OF THE SOUTH, INC.



Principal Place of Business

Mailing Address

201 S. PENSACOLA AVENUE
ATMORE AL 36502
US

POST OFFICE BOX 37
ATMORE AL 36504-0037
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/08/1950

3a. Date of Last Report

03/16/1995

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when making change)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCGEEHEE, JEFFERSON	
STREET ADDRESS	201 S. PENSACOLA AVENUE	
CITY-STATE-ZIP	ATMORE AL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LAVERDI, BARBARA	
STREET ADDRESS	180 S. CLINTON AVENUE	
CITY-STATE-ZIP	ROCHESTER NY	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	DEPALMA, ROBERT J.	
STREET ADDRESS	201 S. PENSACOLA AVENUE	
CITY-STATE-ZIP	ATMORE AL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CARR, JEREMIAH T.	
STREET ADDRESS	180 S. CLINTON AVE.	
CITY-STATE-ZIP	ROCHESTER NY	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MUCCI, MARTIN	
STREET ADDRESS	180 S. CLINTON AVENUE	
CITY-STATE-ZIP	ROCHESTER NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BITTNER, RONALD L.	
STREET ADDRESS	180 S. CLINTON AVENUE	
CITY-STATE-ZIP	ROCHESTER NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	C Carr, Jeremiah T.
4.3 STREET ADDRESS	180 S. Clinton Avenue
4.4 CITY-STATE-ZIP	Rochester, NY 14646
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Enis, Joseph
5.3 STREET ADDRESS	180 S. Clinton Avenue
5.4 CITY-STATE-ZIP	Rochester, NY 14646
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(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; 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:

Robert J. Delalma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

334-368-9609
 Daytona Phone 4

CR2E034 (12/95)