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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

3. Date Incorporated or Qualified **07/08/1950** 3a. Date of Last Report **04/05/1996**
 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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 **180 South Clinton Ave.**
 22 City & State 27 **ATTN: Jeremy Hotchkiss**
 23 Zip Country 28 **Rochester, NY**
 24 25 29 **14646-0500** 30 **USA**

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	<input type="checkbox"/> DELETE
NAME	MCGEEHEE, JEFFERSON	
STREET ADDRESS	201 S. PENSACOLA AVENUE	
CITY-ST-ZIP	ATMORE AL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LAVERRI, BARBARA	
STREET ADDRESS	180 S. CLINTON AVENUE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	DEPALMA, ROBERT J.	
STREET ADDRESS	201 S. PENSACOLA AVENUE	
CITY-ST-ZIP	ATMORE AL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	CARR, JEREMIAH T.	
STREET ADDRESS	180 S. CLINTON AVE.	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ENIS, JOSEPH	
STREET ADDRESS	180 S CLINTON AVENUE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BITTNER, RONALD L.	
STREET ADDRESS	180 S. CLINTON AVENUE	
CITY-ST-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-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE AST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael L. Evans
3.3 STREET ADDRESS	180 S. CLINTON AVE.
3.4 CITY-ST-ZIP	Rochester, NY 14646-0500
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Michael L. Evans* 12/19/97 (716) 777-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)