

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

FILED

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
201 S. PENSACOLA AVENUE
ATMORE AL 36502
US

Mailing Address
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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28 Rochester, NY
24 Country	29 14646-0500
25	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	MCGEHEE, JEFFERSON	1.2 NAME	
STREET ADDRESS	201 S. PENSACOLA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATMORE AL	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	
NAME	LAVERDI, BARBARA	2.2 NAME	
STREET ADDRESS	180 S. CLINTON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY	2.4 CITY-ST-ZIP	
TITLE	AST	3.1 TITLE	AST
NAME	DEPALMA, ROBERT J.	3.2 NAME	Michael L. Evans
STREET ADDRESS	201 S. PENSACOLA AVENUE	3.3 STREET ADDRESS	180 S. Clinton Ave.
CITY-ST-ZIP	ATMORE AL	3.4 CITY-ST-ZIP	Rochester, NY 14646-0500
TITLE	C	4.1 TITLE	
NAME	CARR, JEREMIAH T.	4.2 NAME	
STREET ADDRESS	180 S. CLINTON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	ENIS, JOSEPH	5.2 NAME	
STREET ADDRESS	180 S CLINTON AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	BITTNER, RONALD L.	6.2 NAME	
STREET ADDRESS	180 S. CLINTON AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/97 (716) 777-1000

CR2E034 (9/96)