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 # 808292 (7)

1. Corporation Name
THE FLORALA TELEPHONE COMPANY, INCORPORATED

Principal Place of Business
1650 PRUDENTIAL DRIVE
SUITE 400
JACKSONVILLE FL 32207
US

Mailing Address
P.O. BOX 1380
JACKSONVILLE FL 32201
US

3. Date Incorporated or Qualified: 08/04/1950
3a. Date of Last Report: 01/24/1995
4. FEI Number: 63-0279511 ☐ 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
21 502 Fifth Street
Suite, Apt #, etc.
22
City & State
23 Port St. Joe, FL
Zip 24 32456 Country 25 U.S.

2a. Mailing Address
26 P. O. Box 220
Suite, Apt #, etc.
27
City & State
28 Port St. Joe, FL
Zip 29 32457 Country 30 U.S.

9. **Name and Address of Current Registered Agent**
R A ANDERSON
1650 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

10. **Name and Address of New Registered Agent**
81 Name: R. Mark Ellmer
82 Street Address (P.O. Box Number is Not Acceptable): 502 Fifth Street
83
84 City: Port St. Joe FL 85 Zip Code: 32456

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] R. Mark Ellmer, Assistant Secretary 6/24/96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	S ☒ DELETE
NAME	ANDERSON, R.A.
STREET ADDRESS	1650 PRUDENTIAL DR #400
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	P ☐ DELETE
NAME	VAUGHAN, J.
STREET ADDRESS	RAILROAD BUILDING
CITY-ST-ZIP	PORT ST JOE, FL 00000
TITLE	VD ☒ DELETE
NAME	NEDLEY, R E
STREET ADDRESS	RAILROAD BLDG 1ST STREET
CITY-ST-ZIP	PORT ST JOE, FL 00000
TITLE	VD ☒ DELETE
NAME	FORD, E T
STREET ADDRESS	RAILROAD BLDG 1ST STREET
CITY-ST-ZIP	PORT ST JOE, FL 00000
TITLE	T ☒ DELETE
NAME	PETTY, C. M
STREET ADDRESS	1650 PRUDENTIAL DR #400
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	DC ☒ DELETE
NAME	BELIN, J.C.
STREET ADDRESS	1650 PRUDENTIAL DR #400
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE	DP ☐ Change ☒ Addition
1-2 NAME	John M. Lewis
1-3 STREET ADDRESS	502 Fifth Street
1-4 CITY-ST-ZIP	Port St. Joe, FL 32456
2-1 TITLE	DV ☒ Change ☐ Addition
2-2 NAME	J. H. Vaughan
2-3 STREET ADDRESS	502 Fifth Street
2-4 CITY-ST-ZIP	Port St. Joe, FL 32456
3-1 TITLE	DVTS ☐ Change ☒ Addition
3-2 NAME	Robert V. DiPauli
3-3 STREET ADDRESS	502 Fifth Street
3-4 CITY-ST-ZIP	Port St. Joe, FL 32456
4-1 TITLE	V ☐ Change ☒ Addition
4-2 NAME	James B. Faison
4-3 STREET ADDRESS	502 Fifth Street
4-4 CITY-ST-ZIP	Port St. Joe, FL 32456
5-1 TITLE	V ☐ Change ☒ Addition
5-2 NAME	T. Ferrin Seay
5-3 STREET ADDRESS	502 Fifth Street
5-4 CITY-ST-ZIP	Port St. Joe, FL 32456
6-1 TITLE	☐ Change ☐ Addition
6-2 NAME	
6-3 STREET ADDRESS	
6-4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntary, furnished and 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] James B. Faison 6/24/96 (904) 229-7322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #