

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

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Jan 28 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 # 808292 (7)
1. Corporation Name
THE FLORALA TELEPHONE COMPANY, INCORPORATED

Principal Place of Business
502 FIFTH STREET
SUITE 400
PORT ST JOE FL 32456
US

Mailing Address
P.O. BOX 220
PORT ST JOE FL 32457-0220
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1950		3a. Date of Last Report 07/05/1996	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	4. FEI Number 63-0279511		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ELLMER, R MARK 502 FIFTH STREET PORT ST JOE FL 32456				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	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWIS, JOHN M			1.2 NAME			
STREET ADDRESS	502 FIFTH STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ST JOE FL			1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAUGHAN, J.			2.2 NAME			
STREET ADDRESS	502 FIFTH STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ST JOE, FL 00000			2.4 CITY-ST-ZIP			
TITLE	DVTS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIPAULI, ROBERT V			3.2 NAME			
STREET ADDRESS	502 FIFTH STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ST JOE FL			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FAISON, JAMES B			4.2 NAME			
STREET ADDRESS	502 FIFTH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ST JOE, FL 00000			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEAY, FERRIN T			5.2 NAME			
STREET ADDRESS	502 FIFTH STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ST JOE FL			5.4 CITY-ST-ZIP			
TITLE	DC	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELIN, J.C.			6.2 NAME			
STREET ADDRESS	1850 PRUDENTIAL DR #400			6.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			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 unchanged, or on an attachment with an address.

SIGNATURE: *James B. Faison* James B. Faison 1/21/97 (904) 229-7235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)