

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

FILED
Apr 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
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DOCUMENT # 834329 (5)

1. Corporation Name
DOBSON CORPORATION

Principal Place of Business
4600 PARKDALE DRIVE
CORPUS CHRISTI TX 78411-9981

Mailing Address
4600 PARKDALE DRIVE
CORPUS CHRISTI TX 78411-2830



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/14/1975	3a. Date of Last Report 04/26/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 74-1693771		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 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBSON, G. W.	1.2 NAME	
STREET ADDRESS	4600 PARKDALE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORPUS CHRISTI TX	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLELLAN, J.M.	2.2 NAME	
STREET ADDRESS	4600 PARKDALE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORPUS CHRISTI TX	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWLING, BEVERLY	3.2 NAME	
STREET ADDRESS	4600 PARKDALE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORPUS CHRISTI TX	3.4 CITY-ST-ZIP	
TITLE	VST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHATELAIN, C. J.	4.2 NAME	
STREET ADDRESS	4600 PARKDALE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORPUS CHRISTI TX	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBSON, T. E.	5.2 NAME	
STREET ADDRESS	4600 PARKDALE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORPUS CHRISTI TX	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABEL, R. BRUCE	6.2 NAME	
STREET ADDRESS	4600 PARKDALE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORPUS CHRISTI TX	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: Beverly Bowling, J.M. P. 14 Controller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97
Date

512-878-0650
Daytime Phone #

CR2E034 (9/96)