

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 6:55**

DOCUMENT # F18540 (7)

1. Corporation Name
GTE COMMUNICATIONS CORPORATION

Principal Place of Business Mailing Address
**1907 U.S. HIGHWAY 301. NORTH (33602)
SUITE 100
TAMPA FL 33619**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/04/1981** 3a. Date of Last Report **04/04/1994**
4. FEI Number **59-2507473** 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 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORRELL, MARCEL
ONE TAMPA CITY CENTER
201 N FRANKLIN ST
TAMPA FL 33602**

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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAKS, PETER A. | 1.2 NAME | |
| STREET ADDRESS | 1 TAMPA CTY CNTR 37FL | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | TAMPA FL | 1.4 CITY - ST - ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENNETT, JAMES D | 2.2 NAME | |
| STREET ADDRESS | 1 TAMPA CITY CNTR 37FL | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | TAMPA FL | 2.4 CITY - ST - ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORRELL, MARCEL | 3.2 NAME | |
| STREET ADDRESS | 1 TAMPA CITY CNT, #37 FL | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | TAMPA FL | 3.4 CITY - ST - ZIP | |
| TITLE | AT | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCRATH, GARY M. | 4.2 NAME | |
| STREET ADDRESS | 1 TAMPA CITY CNT #37FL | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | TAMPA FL | 4.4 CITY - ST - ZIP | |
| TITLE | C | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EDWARDS, WILLIAM M. III | 5.2 NAME | |
| STREET ADDRESS | 1 TAMPA CITY CNT #37FL | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | TAMPA FL | 5.4 CITY - ST - ZIP | |
| TITLE | AT | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARRETT, JACK R | 6.2 NAME | |
| STREET ADDRESS | 1 TAMPA CITY CNT #37FL | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | TAMPA FL | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 the 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:

Marcel Morrell
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3/24/95

Date

813-276-1256

Telephone #