

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F18540

1. Corporation Name

GTE COMMUNICATIONS CORPORATION

Principal Place of Business

Mailing Address

1907 U.S. Highway 301, N. 1 Tampa City Centr. 37th FL
Suite 100 P.O. Box 110, MC 717
Tampa, FL 33619 Tampa, FL 33602

3. Date Incorporated or Qualified
02/04/1981

3a. Date of Last Report
3/24/95

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc.

26 Suite Apt. #, etc.

4. FEI Number
59-2507473

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Morrell, Marceil
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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME Daks, Peter A.
STREET ADDRESS 1 Tampa City Cntr 37 FL
CITY-ST-ZIP Tampa, FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD ☐ DELETE
NAME Bennett, James D.
STREET ADDRESS 1 Tampa City Cntr 37 FL
CITY-ST-ZIP Tampa, FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD ☐ DELETE
NAME Morrell, Marceil
STREET ADDRESS 1 Tampa City Cntr 37 FL
CITY-ST-ZIP Tampa, FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AT ☐ DELETE
NAME McGrath, Gary M.
STREET ADDRESS 1 Tampa City Cntr 37 FL
CITY-ST-ZIP Tampa, FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE C ☐ DELETE
NAME Edwards, William M. III
STREET ADDRESS 1 Tampa City Cntr 37 FL
CITY-ST-ZIP Tampa, FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AT ☐ DELETE
NAME Barrett, Jack R.
STREET ADDRESS 1 Tampa City Cntr 37 FL
CITY-ST-ZIP Tampa, FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

Marceil Morrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

Date

813-276-1256

Daytime Phone #

CR2E034 (12/95)