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FILED

Feb 03 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 # F18540 (7)

1. Corporation Name  
GTE COMMUNICATIONS CORPORATION

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

Mailing Address  
1 TAMPA CITY CENTER 37TH FLOOR  
PO BOX 110 MC717  
TAMPA FL 33602-5182



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified  
02/04/1981

3a. Date of Last Report  
04/24/1996

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

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME DAKS, PETER A.  
STREET ADDRESS 1 TAMPA CTY CNTR 37FL  
CITY - ST - ZIP TAMPA FL

DELETE

TITLE VD  
NAME BENNETT, JAMES D  
STREET ADDRESS 1 TAMPA CITY CNTR 37FL  
CITY - ST - ZIP TAMPA FL

DELETE

TITLE SD  
NAME MORRELL, MARCEIL  
STREET ADDRESS 1 TAMPA CITY CNT, #37 FL  
CITY - ST - ZIP TAMPA FL

DELETE

TITLE AT  
NAME MCGRATH, GARY M.  
STREET ADDRESS 1 TAMPA CITY CNT #37FL  
CITY - ST - ZIP TAMPA FL

DELETE

TITLE C  
NAME EDWARDS, WILLIAM M. III  
STREET ADDRESS 1 TAMPA CITY CNT #37FL  
CITY - ST - ZIP TAMPA FL

DELETE

TITLE AT  
NAME BARRETT, JACK R  
STREET ADDRESS 1 TAMPA CITY CNT #37FL  
CITY - ST - ZIP TAMPA FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

6.1 TITLE  
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 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:

MARCEIL MORRELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97

Date

Daytime Phone #

CR2E034 (9/96)