

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G06337 (1)

1. Corporation Name
ALLTEL MOBILE COMMUNICATIONS OF FLORIDA, INC.



Principal Place of Business: **ONE ALLIED DRIVE POST OFFICE BOX 2177 LITTLE ROCK AR 72203**
Mailing Address: **ONE ALLIED DRIVE POST OFFICE BOX 2177 LITTLE ROCK AR 72203**

3. Date Incorporated or Qualified: **10/28/1982**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **34-1382729**
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: 21
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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	
TITLE: PD NAME: MCHENRY, CARROLL STREET ADDRESS: ONE ALLIED DRIVE CITY-ST-ZIP: LITTLE ROCK AR	<input type="checkbox"/> DELETE
TITLE: VD NAME: STEELY, DONALD E STREET ADDRESS: ONE ALLIED DRIVE CITY-ST-ZIP: LITTLE ROCK AR	<input type="checkbox"/> DELETE
TITLE: V NAME: THOMPSON, DAN STREET ADDRESS: ONE ALLIED DRIVE CITY-ST-ZIP: LITTLE ROCK AR	<input type="checkbox"/> DELETE
TITLE: SD NAME: STEELE, DONALD E STREET ADDRESS: ONE ALLIED DRIVE CITY-ST-ZIP: LITTLE ROCK AR	<input type="checkbox"/> DELETE
TITLE: T NAME: STEELY, DON STREET ADDRESS: ONE ALLIED DRIVE CITY-ST-ZIP: LITTLE ROCK AR	<input type="checkbox"/> DELETE
TITLE: VAS NAME: FULBRIGHT, JOHN STREET ADDRESS: ONE ALLIED DRIVE CITY-ST-ZIP: LITTLE ROCK AR	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: DENNIS WHIPPLE 1.2 NAME: DENNIS WHIPPLE 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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: John E Fulbright 4-15-96 501-664-5224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)