

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	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	25
29	30

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

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	1. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHENRY, CARROLL	1.2 NAME	DENNIS WHIPPLE
STREET ADDRESS	ONE ALLIED DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	LITTLE ROCK AR	1.4 CITY- ST- ZIP	
TITLE	VD	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELY, DONALD E	2.2 NAME	
STREET ADDRESS	ONE ALLIED DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	LITTLE ROCK AR	2.4 CITY- ST- ZIP	
TITLE	V	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, DAN	3.2 NAME	
STREET ADDRESS	ONE ALLIED DRIVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	LITTLE ROCK AR	3.4 CITY- ST- ZIP	
TITLE	SD	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, DONALD E	4.2 NAME	
STREET ADDRESS	ONE ALLIED DRIVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	LITTLE ROCK AR	4.4 CITY- ST- ZIP	
TITLE	T	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELY, DON	5.2 NAME	
STREET ADDRESS	ONE ALLIED DRIVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	LITTLE ROCK AR	5.4 CITY- ST- ZIP	
TITLE	VAS	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULBRIGHT, JOHN	6.2 NAME	
STREET ADDRESS	ONE ALLIED DRIVE	6.3 STREET ADDRESS	
CITY- ST- ZIP	LITTLE ROCK AR	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)(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

Date

501-664-5224

Daytime Phone #

CR2E034 (12/95)