

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

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AND
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①

CORPORATION
ANNUAL REPORT
1995



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

95 FEB -2 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00120 (6)

1. Corporation Name
BELLSOUTH MOBILITY INC

900001401569
-02/09/95--01073--003
***800.00 ***200.00

Principal Place of Business Mailing Address
1100 PEACHTREE ST. #1000 ATLANTA GA 30309
1100 PEACHTREE ST. #1000 ATLANTA GA 30309

DO NOT WRITE IN THIS SPACE

5. Date Incorporated or Qualified 12/05/1983
9a. Date of Last Report 05/27/1994
4. FEI Number 58-1530964 Applied For Net 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
THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 constituting)

12. OFFICERS AND DIRECTORS
TITLE PD
NAME DONALD, ODIE C.
STREET ADDRESS 1100 PEACHTREE ST., SUITE 1000
CITY-ST-ZIP ATLANTA GA 30309
TITLE V
NAME CLAWSON, VINCENT R.
STREET ADDRESS 1100 PEACHTREE ST., SUITE 1000
CITY-ST-ZIP ATLANTA GA 30309
TITLE V
NAME THORPE, JAMES
STREET ADDRESS 1100 PEACHTREE ST., SUITE 1000
CITY-ST-ZIP ATLANTA GA 30309
TITLE V
NAME MCALLISTER, ROY P.
STREET ADDRESS 1100 PEACHTREE ST., SUITE 1000
CITY-ST-ZIP ATLANTA GA 30309
TITLE V
NAME GLASS, JAMES W.
STREET ADDRESS 1100 PEACHTREE ST., SUITE 1000
CITY-ST-ZIP ATLANTA GA 30309
TITLE VSD
NAME WALSH, MARTIN T.
STREET ADDRESS 1100 PEACHTREE ST., SUITE 1000
CITY-ST-ZIP ATLANTA GA 30309

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP SEE Attached Schedule
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 incorporator or the person 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 in an attachment with an addition.

SIGNATURE: *William R. Mate* 11/25/95 104-249-0934
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR (Date) (Signature/Name)
William R. Mate, Assistant Secretary



G. Dan Smith	Vice President - Region IV	1100 Peachtree Street Suite 900 Atlanta, GA 30309
C. W. Showbridge III	Vice President - Taxes	1155 Peachtree Street Room 1922 Atlanta, GA 30367
Julia V. Amendola	Assistant Vice President - Taxes	1155 Peachtree Street Room 16E04 Atlanta, GA 30367
Dennis Greer	Assistant Vice President - Taxes	1155 Peachtree Street Room 16A06 Atlanta, GA 30367
Adele H. Shepherd	Assistant Vice President - Taxes	1155 Peachtree Street Room 15K09 Atlanta, GA 30367
Sherry E. Wallace	Assistant Vice President - Taxes	1155 Peachtree Street Room 16E04 Atlanta, GA 30367
Debbie Held	Comptroller	5600 Glenridge Drive Suite 300 East Atlanta, GA 30342
David G. Frolo	Assistant Secretary	1133 21st Street, N.W. Washington, D.C. 20036
Kerwin L. Gray	Assistant Secretary	1100 Peachtree Street Suite 910 Atlanta, GA 30309
Derry Harper	Assistant Secretary	1100 Peachtree Street Suite 910 Atlanta, GA 30309
Joyce Clower Irvine	Assistant Secretary	1155 Peachtree Street Suite 1800 Atlanta, GA 30367
William R. Matz	Assistant Secretary	1100 Peachtree Street Suite 910 Atlanta, GA 30309
Charleste G. McCoy	Assistant Secretary	5600 Glenridge Drive Suite 2 East Atlanta, GA 30342
David Fitzgerald	Assistant Treasurer	5600 Glenridge Drive Suite 300 West Atlanta, GA 30342

**BELLSOUTH MOBILITY INC
DIRECTORS AND OFFICERS
as of January 25, 1995**

DIRECTORS

Charles S. Hamm		1100 Peachtree Street Suite 1000 Atlanta, GA 30309
Odie C. Donald		1100 Peachtree Street Suite 1000 Atlanta, GA 30309
Martin T. Walsh		1100 Peachtree Street Suite 1000 Atlanta, GA 30309

OFFICERS

Odie C. Donald	President	1100 Peachtree Street Suite 1000 Atlanta, GA 30309
Vincent R. Clawson	Vice President Engineering & Operations	1100 Peachtree Street Suite 1000 Atlanta, GA 30309
James A. Thorpe	Vice President - Sales & Marketing	1100 Peachtree Street Suite 1000 Atlanta, GA 30309
Roy P. McAllister	Vice President - Corporate Affairs	1100 Peachtree Street Suite 1000 Atlanta, GA 30309
James W. Glass	Vice President - Finance and Treasurer	1100 Peachtree Street Suite 1000 Atlanta, GA 30309
Martin T. Walsh	Vice President - General Counsel & Secretary	1100 Peachtree Street Suite 1000 Atlanta, GA 30309
Steve Gray	Vice President - Region I	5805 N. Andrew Way Ft. Lauderdale, FL 33309
Craig D. Sparks	Vice President - Region II	5600 Glenridge Drive Suite 500 Atlanta, GA 30342
E. L. Reynolds	Vice President - Region III	1100 Peachtree Street Suite 900 Atlanta, GA 30309

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**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

95 FEB - ? AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001401992
-02/09/95--01073--005
****400.00 ****200.00

DO NOT WRITE IN THIS SPACE

1. Corporation Name MONTGOMERY TANK LINES, INC.	DOCUMENT # P07828 (7)
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Mailing Address 3108 CENTRAL AVE. PLANT CITY FL 33567	Principal Place of Business 3108 CENTRAL AVE. PLANT CITY FL 33567
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address 21	2a. Principal Place of Business 26	4. FEI Number 36-2590063	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
City & State 23	City & State 28	7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BABBITT, ELTON 3108 CENTRAL DRIVE PLANT CITY FL 33567				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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D/C/O	BABBITT, ELTON	1.1 TITLE	
1.2 NAME	3108 CENTRAL	1.2 NAME	
1.3 STREET ADDRESS	PLANT CITY FL	1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP	
2.1 TITLE V/P/D	SMITH, WILLIAM	2.1 TITLE	
2.2 NAME	3108 CENTRAL	2.2 NAME	
2.3 STREET ADDRESS	PLANT CITY FL	2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP	
3.1 TITLE P/D	O'BRIEN, CHARLES J.	3.1 TITLE	
3.2 NAME	3108 CENTRAL	3.2 NAME	
3.3 STREET ADDRESS	PLANT CITY FL	3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE V/P/T	BRANDWIE RICHARD J	4.1 TITLE	
4.2 NAME	3108 CENTRAL DRIVE	4.2 NAME	
4.3 STREET ADDRESS	PLANT CITY FL	4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE S	KASAK, ROBERT R	5.1 TITLE	
5.2 NAME	3108 CENTRAL	5.2 NAME	
5.3 STREET ADDRESS	PLANT CITY FL	5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE D	WILKINSON, WALTER	6.1 TITLE	
6.2 NAME	1640 INDEPENDENT CENTER	6.2 NAME	
6.3 STREET ADDRESS	CHARLOTTE NC	6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information applied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in block 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE Robert R. Kasak 1/23/95 813-254-4225
PRINT AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Robert R. Kasak, Secretary