

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **606103** (0)

1. Corporation Name
BIGHAM CABLE CONSTRUCTION, INC.



Principal Place of Business: **1023 WOODLORE CR PO BOX 903 GULF BREEZE FL 32562**
 Mailing Address: **1023 WOODLORE CR PO BOX 903 GULF BREEZE FL 32562**

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

3. Date Incorporated or Qualified: **01/09/1979**
 3a. Date of Last Report: **01/24/1995**
 4. FEI Number: **56-1176506**
 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: **BIGHAM, HAROLD 1023 WOODLORE CR. GULF BREEZE FL 32561**
 10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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 registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD BIGHAM, HAROLD 1023 WOODLORE GULF BREEZE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGHAM, HAROLD	1.2 NAME	
STREET ADDRESS	1023 WOODLORE	1.3 STREET ADDRESS	
CITY - ST - ZIP	GULF BREEZE FL	1.4 CITY - ST - ZIP	
TITLE	ST BIGHAM, MARGARET 1023 WOODLORE GULF BREEZE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGHAM, MARGARET	2.2 NAME	
STREET ADDRESS	1023 WOODLORE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GULF BREEZE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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: Margaret Bigham
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/96
 DATE

CR2E034 (12/95)