

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 29, 1999 8:00 am Secretary of State

05-29-1999 90014 031 ***300.00

DOCUMENT # F98000002669

1. Corporation Name KNOLOGY OF FLORIDA, INC.



Principal Place of Business 1241 O.G. SKINNER DR. WEST POINT GA 31833 Mailing Address 1241 O.G. SKINNER DR. WEST POINT GA 31833

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/11/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		52-2098257	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 - May Be Added to Fees	
24	Zip	25	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		29			
		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	PCEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORROW, WILLIAM E	1.2 NAME	Rodger Johnson
STREET ADDRESS	1241 O.G. SKINNER DR.	1.3 STREET ADDRESS	1241 O.G. SKINNER DR.
CITY-ST-ZIP	WEST POINT GA 31833	1.4 CITY-ST-ZIP	West Point GA 31833
TITLE	CFOT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D Donald Burt
NAME	MCCORMICK, JAMES K	2.2 NAME	1241 O.G. SKINNER DR.
STREET ADDRESS	1241 O.G. SKINNER DR.	2.3 STREET ADDRESS	West Point GA 31833
CITY-ST-ZIP	WEST POINT GA 31833	2.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	D Donald Webber <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOCCUCCI, FELIX L	3.2 NAME	1241 O.G. SKINNER DR.
STREET ADDRESS	1241 O.G. SKINNER DR.	3.3 STREET ADDRESS	West Point GA 31833
CITY-ST-ZIP	WEST POINT GA 31833	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D Al Burgess <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, WILLIAM H III	4.2 NAME	1241 O.G. SKINNER DR.
STREET ADDRESS	1241 O.G. SKINNER DR.	4.3 STREET ADDRESS	West Point GA 31833
CITY-ST-ZIP	WEST POINT GA 31833	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	LANIER, CAMPBELL B III	5.2 NAME	
STREET ADDRESS	1241 O.G. SKINNER DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST POINT GA 31833	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)