

**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 # P08801 (3)

1. Corporation Name

~~COX CABLE UNIVERSITY CITY, INC.~~ *PL 6/7/96*  
**Cox Communications Gainesville/Ocala, Inc.**



Principal Place of Business

Mailing Address

1115 NW 4 ST  
GAINESVILLE FL 32601  
US

1400 LAKE HEARN DR  
ATTN: CORP TAX DEPT  
ATLANTA GA 30319  
US

3. Date Incorporated or Qualified  
**01/23/1986**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**58-1620085**

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | PD                    | <input type="checkbox"/> DELETE            |
| NAME           | ROBBINS, JAMES O.     |  |
| STREET ADDRESS | 1400 LAKE HEARN DRIVE |  |
| CITY-ST-ZIP    | ATLANTA GA            |  |
| TITLE          | V                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | CASSARD, GARY E       |  |
| STREET ADDRESS | 1400 LAKE HEARN DRIVE |  |
| CITY-ST-ZIP    | ATLANTA GA            |  |
| TITLE          | V                     | <input type="checkbox"/> DELETE            |
| NAME           | ELSON, BARRY R.       |  |
| STREET ADDRESS | 1400 LAKE HEARN DRIVE |  |
| CITY-ST-ZIP    | ATLANTA GA            |  |
| TITLE          | S                     | <input type="checkbox"/> DELETE            |
| NAME           | MERDEK, ANDREW A      |  |
| STREET ADDRESS | 1400 LAKE HEARN DRIVE |  |
| CITY-ST-ZIP    | ATLANTA GA            |  |
| TITLE          | TD                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | HAYES, JIMMY W.       |  |
| STREET ADDRESS | 1400 LAKE HEARN DRIVE |  |
| CITY-ST-ZIP    | ATLANTA GA            |  |
| TITLE          | V                     | <input type="checkbox"/> DELETE            |
| NAME           | BARNETT, PRESTON B.   |  |
| STREET ADDRESS | 1400 LAKE HEARN DR    |  |
| CITY-ST-ZIP    | ATLANTA GA            |  |

|                   |  |
|-------------------|--|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME           |  |
| 13 STREET ADDRESS |  |
| 14 CITY-ST-ZIP    |  |
| 21 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME           | HAYES, Jimmy W.  |
| 23 STREET ADDRESS | 1400 Lake Hearn Drive  |
| 24 CITY-ST-ZIP    | Atlanta, Ga. 30319   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |  |
| 33 STREET ADDRESS |  |
| 34 CITY-ST-ZIP    |  |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |  |
| 43 STREET ADDRESS |  |
| 44 CITY-ST-ZIP    |  |
| 51 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME           | Jacobson, Richard J.   |
| 53 STREET ADDRESS | 1400 Lake Hearn Drive  |
| 54 CITY-ST-ZIP    | Atlanta, Ga. 30319   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           | 100001872761   |
| 63 STREET ADDRESS | -06/24/96--01025--028  |
| 64 CITY-ST-ZIP    | ***200.00  |

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:

*Preston B. Barnett*

**PRESTON B. BARNETT  
VICE PRESIDENT - TAX**

*4/8/96*

*(404) 843-5184  
CS 5/11/96*

CR2E034 (12/95)