

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 20 AM 11:14

**DOCUMENT # P10589 (0)**

1. Corporation Name  
**CABLE CONSTRUCTORS, INC.**

Principal Place of Business	Mailing Address
105 KENT STREET POST OFFICE BOX 190 IRON MOUNTAIN MI 49801	105 KENT STREET POST OFFICE BOX 190 IRON MOUNTAIN MI 49801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/27/1986</b>	3a. Date of Last Report <b>03/02/1994</b>
4. FEI Number <b>38-2356585</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent  
**SMITH, LESLIE  
723 AVE "F" S.E.  
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	<b>FL</b>

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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KLUNGNESS, JAMES A.
STREET ADDRESS	1307 GRANT
CITY-ST-ZIP	IRON MOUNTAIN MI
TITLE	SD
NAME	HENRY, CHARLES R.
STREET ADDRESS	1323 CHALON LN
CITY-ST-ZIP	FT. MYERS FL
TITLE	EV
NAME	BRANDT, JAMES A.
STREET ADDRESS	N3823 PINE MOUNTAIN ROAD
CITY-ST-ZIP	IRON MOUNTAIN MI
TITLE	T
NAME	MAKELA, WAYNE R.
STREET ADDRESS	717 W. FLESHEM
CITY-ST-ZIP	IRON MOUNTAIN MI
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EV JAHAR, JOHN P.
3.3 STREET ADDRESS	N3634 MOON LAKE DR
3.4 CITY-ST-ZIP	IRON MOUNTAIN, MI 49801
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne R. Makela WAYNE R. MAKELA TREASURER 6-9-95 (904) 774-6621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)

CR2E034 (3/95)