

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

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



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

**DOCUMENT # P94000091618 (6)**

1. Corporation Name  
**S. & R CABLE SERVICES, INC.**



Principal Place of Business Mailing Address  
**3941 CLARCONA OCOEE RD** **3941 CLARCONA OCOEE RD**  
**ORLANDO FL 32810** **ORLANDO FL 32810**  
**US** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/16/1994**

4. FEI Number

**59-3287771**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  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

10. Name and Address of New Registered Agent

**SULLENBERGER, JAMES E**  
**30 WACASSA TRAIL**  
**SORRENTO FL 32776**

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 registrant, agent, and beneficial applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  DELETE  
 NAME **SULLENBERGER, JAMES E**  
 STREET ADDRESS **30 WACASSA TRAIL**  
 CITY-ST-ZIP **SORRENTO FL 32776**

11 TITLE **Secretary & Treasurer**  Change  Addition  
 12 NAME **ELISEAN ROGERS**  
 13 STREET ADDRESS **3240 WACASSA TRAIL**  
 14 CITY-ST-ZIP **Sorrento, Fl. 32776**

TITLE **D**  DELETE  
 NAME **ROGERS, WILLIAM J**  
 STREET ADDRESS **32107 HOLOPAW TRAIL**  
 CITY-ST-ZIP **SORRENTO FL**

21 TITLE **President**  Change  Addition  
 22 NAME **ROGERS, WILLIAM J**  
 23 STREET ADDRESS **3240 WACASSA TRAIL**  
 24 CITY-ST-ZIP **Sorrento, Fl. 32776**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

31 TITLE  Change  Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

41 TITLE  Change  Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

51 TITLE  Change  Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

61 TITLE  Change  Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 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

CR2E034 (10/97)