

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S60115 (0)

1. Corporation Name
ALLTECH CABLE CONSTRUCTION, INC.

Principal Place of Business Mailing Address
517 MARKET STREET 517 MARKET STREET
OSAGE CITY KS 66523 OSAGE CITY KS 66523

2. Principal Place of Business 2a. Mailing Address
21 **5065 Homosassa Trail** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **Lecanto, FL** 28
Zip Country Zip Country
24 **34461** 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
06/17/1991 **05/27/1994**

4. FEI Number Applied For
59-3081437 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**

7. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes Yes No

DO NOT WRITE IN THIS SPACE.

**APPROVED
AND
FILED**

95 APR 20 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

CHARLES E. PELLICER, ESQ. 81 Name
28 CORDOVA STREET 82 Street Address (P.O. Box Number is Not Acceptable)
ST. AUGUSTINE FL 32084 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 reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD JOBE	1.2 NAME	Richard Jobe
STREET ADDRESS	280 S CEDAR WOOD	1.3 STREET ADDRESS	280 S Cedar Wood Way
CITY - ST - ZIP	INVERNESS FL	1.4 CITY - ST - ZIP	Inverness FL 34450
TITLE	VP	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUPL MCPHERSON	2.2 NAME	Aupl McPherson
STREET ADDRESS	4636 E. DOESKIN LP	2.3 STREET ADDRESS	4636 E Doeskin Loop
CITY - ST - ZIP	INVERNESS FL	2.4 CITY - ST - ZIP	Inverness FL 32652
TITLE	TS	3.1 TITLE	TS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA K. GETSINGER	3.2 NAME	Linda K. Getsinger
STREET ADDRESS	24 MARTINWOOD DRIVE	3.3 STREET ADDRESS	24 Martinwood Drive
CITY - ST - ZIP	OSAGE CITY KS	3.4 CITY - ST - ZIP	Osage City KS 66523
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 110.07(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: *Sandra J. Ketsinger* *4-24-95 (915) 521-4725*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Telephone Number