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AND
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95 APR 27 PM 1:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S60342 (0)

**1. Corporation Name
ALLTECH CABLE TV, INC.**

DO NOT WRITE IN THIS SPACE.

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

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

**2. Principal Place of Business 2a. Mailing Address
21 5065 Homosassa Trail 26**

4. FEI Number 59-3081439 Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

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

**23 City & State 28 City & State
Lecanta, FL**

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

**24 Zip 25 Country 29 Zip 30 Country
34461**

7. 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

**CHARLES E. PELLICER, ESQ.
28 CORDOVA ST.
ST. AUGUSTINE FL 32084**

**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 reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P RICHARD JOBE 280 S. CEDAR WOOD INVERNESS FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP PAUL MCPHERSON 4636 E. DOESKIN LP INVERNESS FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	ST LINDA K. GETSINGER 24 MARTINWOOD DRIVE OSAGE CITY KS
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	P Richard Jobe 280 S Cedar Wood Way Inverness FL 34450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	VP Paul McPherson 4636 E Doeskin Loop Inverness FL 32652 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	TS Linda K Getsinger 24 Martinwood Drive Osage City KS 66523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda K. Getsinger
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR SECRETARY OF CORPORATION

4-20-95 (913) 528-4705
Date Issued Today