

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 01 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S80206** (3)
 1. Corporation Name
KNOLOGY OF PANAMA CITY, INC.



Principal Place of Business 13200 BACK BEACH RD. PANAMA CITY BEACH FL 32407	Mailing Address P.O. BOX 2462 PANAMA CITY FL 32402
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/11/1991	
4. FEI Number 59-3087861	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2607	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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10. Name and Address of New Registered Agent
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	WRIGHT, SHAWN 3017 HWY. 231 N. PANAMA CITY FL 32404	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D/P/CEO
TITLE PD	BENSE, ALLAN G. 4106 HWY 231 N PANAMA CITY FL 32404	<input checked="" type="checkbox"/> DELETE	1.2 NAME William B Monnow
TITLE SD	HILTON, L. CHARLES JR. 4116 HWY 231 N PANAMA CITY FL 32404	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS 1241 OG Skinner Dr
TITLE		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP West Point, GA 31833
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE T/S/CFO
TITLE		<input type="checkbox"/> DELETE	2.2 NAME James K. McConville
TITLE		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 1241 OG Skinner Dr
TITLE		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP West Point, GA 31833
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE Asst. T
TITLE		<input type="checkbox"/> DELETE	3.2 NAME Felix L. Bocucci, Jr.
TITLE		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE D
TITLE		<input type="checkbox"/> DELETE	4.2 NAME William H. Scott
TITLE		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS 312 West 8th St
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP West Point, GA 31833
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE D
TITLE		<input type="checkbox"/> DELETE	5.2 NAME Campbell Lane, III
TITLE		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS 312 West 8th Street
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP West Point, GA 31833
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
TITLE		<input type="checkbox"/> DELETE	6.2 NAME
TITLE		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
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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.

SIGNATURE: *James K. McConville* 9/18/98

CR2E034 (5/98)