

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

**FILED**  
**May 29, 1999 8:00 am**  
**Secretary of State**

05-29-1999 90014 031 \*\*\*300.00

0014653

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # S80206**

1. Corporation Name  
**KNOLOGY OF PANAMA CITY, INC.**



Principal Place of Business  
 13200 BACK BEACH RD.  
 PANAMA CITY BEACH FL 32407

Mailing Address  
 1241 OG SKINNER DR  
 WEST POINT GA 31833  
 US

DO NOT WRITE IN THIS SPACE

|                                |  |                     |  |  |  |
|--------------------------------|--|---------------------|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified  |  |
| 21                             |  | 26                  |  | 09/11/1991   |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number  |  |
| 22                             |  | 27                  |  | 59-3087861   |  |
| City & State                   |  | City & State        |  | Applied For  |  |
| 23                             |  | 28                  |  | Not Applicable   |  |
| Zip Country                    |  | Zip Country         |  | 5. Certificate of Status Desired <input type="checkbox"/>  |  |
| 24                             |  | 29                  |  | 8.75 Additional Fee Required   |  |
| 25                             |  | 30                  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  |
| 26                             |  | 31                  |  | -\$5.00 May Be Added to Fees   |  |
| 27                             |  | 32                  |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                              |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301-2607 |  |  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | DPC <input type="checkbox"/> DELETE             | 1.1 TITLE   | PCdo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | MORROW, WILLIAM E                               | 1.2 NAME  | Rodney Johnson  |
| STREET ADDRESS             | 1241 OG SKINNER DR                              | 1.3 STREET ADDRESS                                    | 1241 OG SKINNER DR  |
| CITY-ST-ZIP                | WEST POINT GA 31833                             | 1.4 CITY-ST-ZIP                                       | West Point GA 31833   |
| TITLE                      | TSCF <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| NAME                       | MCCORMICK, JAMES K.                             | 2.2 NAME  | Donald Wilbur   |
| STREET ADDRESS             | 1241 OG SKINNER DR                              | 2.3 STREET ADDRESS                                    | 1241 OG SKINNER DR  |
| CITY-ST-ZIP                | WEST POINT GA 31833                             | 2.4 CITY-ST-ZIP                                       | West Point GA 31833   |
| TITLE                      | ASST <input type="checkbox"/> DELETE            | 3.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| NAME                       | BOCCUCCI, FELIX L. JR.                          | 3.2 NAME  | Donald Burton   |
| STREET ADDRESS             | 4116 HWY 231 N                                  | 3.3 STREET ADDRESS                                    | 1241 OG SKINNER DR  |
| CITY-ST-ZIP                | PANAMA CITY FL 32404                            | 3.4 CITY-ST-ZIP                                       | West Point GA 31833   |
| TITLE                      | D <input type="checkbox"/> DELETE               | 4.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| NAME                       | SCOTT, WILLIAM H.                               | 4.2 NAME  | AIBurgess   |
| STREET ADDRESS             | 312 WEST 8TH ST                                 | 4.3 STREET ADDRESS                                    | 1241 OG SKINNER DR  |
| CITY-ST-ZIP                | WEST POINT GA 31833                             | 4.4 CITY-ST-ZIP                                       | West Point GA 31833   |
| TITLE                      | D <input type="checkbox"/> DELETE               | 5.1 TITLE   |   |
| NAME                       | CAMPBELLS, LANIER III                           | 5.2 NAME  |   |
| STREET ADDRESS             | 312 WEST 8TH ST                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | WEST POINT GA 31833                             | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                 | 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)