

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 13, 1999 8:00 am  
Secretary of State

05-13-1999 90004 020 \*\*\*150.00

DOCUMENT #

1. Corporation Name

669814

ASSOCIATED COMMUNICATIONS CABLE, INC.

Principal Place of Business

Mailing Address

715 6TH ST W  
BRADENTON FL 34205  
US

2975 BEE RIDGE ROAD  
STE C  
SARASOTA FL 34239  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1980

4. FEI Number

59-2024508

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 715 SIXTH STREET WEST

22 Suite, Apt. #, etc.

23 City & State  
BRADENTON FL

24 Zip 34205

25 Country US

2a. Mailing Address

26 C/O CHRISTIANSEN & DEHNER, P.A.

27 Suite, Apt. #, etc.

27 63 SARASOTA CENTER BLVD SUITE 107

28 City & State  
SARASOTA FL

29 Zip 34240

30 Country US

9. Name and Address of Current Registered Agent

CHRISTIANSEN, SCOTT R.  
2975 BEE RIDGE ROAD  
STE C.  
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

CHRISTIANSEN & DEHNER, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

63 SARASOTA CENTER BLVD SUITE 107

83

84 City SARASOTA

FL

85 Zip Code 34240

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RESHKE, ROBERT A.	
STREET ADDRESS	8616 21 <sup>ST</sup> AVE. N.W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PIERGROSSI, ROCCO T.	
STREET ADDRESS	7832 SADDLE CREEK TR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PIERGROSSI, KATHLEEN G.	
STREET ADDRESS	7832 SADDLE CREEK TR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RESHKE, JOYCE A.	
STREET ADDRESS	8616 21 <sup>ST</sup> AVE N.W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	310 - 136 Ct E.
2.4 CITY-ST-ZIP	BRADENTON, FL. 34202
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	310 - 136 Ct E
3.4 CITY-ST-ZIP	BRADENTON, FL. 34202
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

JOYCE A. RESHKE  
Joyce A. Reshke Corp Treasurer

4/21/99 - 941-748-4959  
Date Daytime Phone #

CR2E034 (11/98)