COF	E NOW: FILING FE PROFIT RPORATION JAL REPORT 1996	FLORIDA DEP Sandra	ARTMENT (a B Mortha	OF STATE		
DOCUMENT # 692102 (7)						
·	. CABLE CONSTRUCTION	. INC.				
		, 110			1881 1841 1844 1844 1844 1844 1844 1844 1844 1844 1844 1844 1844 1844 1844 1	
Principal Place of Business Mailing Address						IZ ULU BUBU EKRIL KURU BUBU BUBU BURU BURU BUBU B
405 WILLARD STREET 405 WILLARD STREET FRUITLAND PARK FL 34731 FRUITLAND PARK FL 34731						
FRUITLAND PARK FL 34731 FRUITLAND PARK FL 34731					Date Incorporated or Qualified	
				06/26/1981	3a. Date of Last Report 07/27/1995	
2. Principal Pla 21	ace of Business	28. Mailing Address			4. FEI Number 59-2109985	Applied For
Suite, Apt.	я, etc.	Suite, Apt. #, etc.	7		5. Certificate of Status Desired	\$8.75 Additional
City & State	3	City & State	City & State		6. Election Campaign Financing	Fee Required
23 Zip	28				Trust Fund Contribution	\$5.00 May Be Added to Fees
24 24	Country Z _I ρ 25 29		Country 30		8. This corporation has liability for Florida Statutes	intangible tax under s 199.032, s □ No
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New I	Registered Agent
HENDER	SON, CLAY				ddress (P.O. Box Number is Not Acceptal	
161 N C		Ĺ		doress (F.O. Box number is not Acceptal	oie;	
NEW SMYRNA BEACH FL 32069				83		
				84 City FL 85 Zip Code e above named corporation submits this statement for the purpose of changing its registered o		
SIGNATURE .	Styratine typed or printed name of registered age	nt and the relation state. Ref ND DIRECTORS	•		noration submits this statement for the public and of directors. Thereby accept the apparent of directors are apparent of directors. Thereby accept the apparent of directors are apparent of the public and of directors. The public accept the public acceptance accept the public acceptance acceptanc	677
TITLE NAME	CADITON IECCOCY D		1 1 THE 1 2 NAI			Change Addition
STREET ADDRESS	405 WILLARD STREET			EE! ADORESS		
CITY-ST-ZIP TITLE	FRUITLAND PK FL S	DELFTE	2 1 Til	Y-ST-7/P		
NAME	CARLTON, JUDITH A			2 NAME		Change Addition
STREET ADDRESS CITY - ST - ZIP	EDITIAND DV EI			EET ADDRESS		
TITLE	Charles and the same of the sa		3 1 711	7 - ST - 21P		Change Addition
NAME STREET ADDRESS			32 NAM 33 STE	AC REFT ADDRESS		
CITY-S1-ZIP				r-SI-ZiP		
TITLE NAME		☐ DELETE	4 1 TiTl 4 2 NAN	!		Change Addition
STREET ADDRESS			4.3 STHEFT ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4.01(Y+S1+Z)P 5.1.01LE			
NAME		ن قدردار	5 1 NIII			Change Addition
STREET ADDRESS				FT ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5 4 CITY 6 1 THU	-ST-ZIP E	41	Change Addition
NAME STORES ADDRESS			6.2 NAME			
STREET ADDRESS CITY - ST - ZIP				ET ADDRESS - ST-ZIP		
14. I do hereby certify that t			shed and de	bes not qualify	for the exemption stated in Section 119, rate and that my signature shall have the	
	am an officer or director of the corpo Block 12 or Block 23 if changed, or			d to execute ti	his report as required by Chapter 607, Fig.	orida Statutes and that my name
SIGNAT	JRE: SIGNALINE AND TYPEGO	R PRINTED NAME OF SIGNING OFFICE	EY P	CARLIO	J 4 30 96	904 326 5 10 L