## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Shridra B. Mortnanii

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

1. Corporation Name

F93000005776 (0)

P & B CABLE CO.									
Principal Place o	of Business	Mailing Address				1 HORRIGO (DIO 10HOL INIO 4011) 401	1 <b>49</b> 111 <b>88</b> 111 <b>9</b> 8	PFW   WILDS (UUD)   EEDIT UILI 1981	
P.O. BOX 533714 ORLANDO FL 32853		P.O. BOX 533714 ORLANDO FL 32853			ļ				
						3. Date Incorporated or Qualified		of Last Report	
						12/21/1993 4. FEI Number	<u> </u>	<b>5/01/1995</b> Applied For	
2. Principal Plac	ce of Business		2a. Mailing Address						
21		[26]	26    Suite, Apt. #, etc.			59-3170181		\$8.75 Additional	
Suite, Apt. #, etc		27]			5. Certificate of Status Desired		Fee Required		
City & State		City & State			6. Election Campaign Financing	r-1	<b>\$5.00</b> May Be		
23		28	28			Trust Fund Contribution		Added to Fees	
Zφ	Country	Ζιρ	Cour	itry		8. This corporation has liability for		x under s. 199.032,	
24	25	29	30				□ No	A	
	9. Name and Address of Currer	nt Registered Agent		81	NI	10. Name and Address of New F	egistereo	Agent	
				ا'°	Name				
	ALL, BILL			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
832 N. THONTON AVENUE Orlando fl 32803				83					
OUDAN	JU FL 32003		-	64	City			85 Zip Code	
					<b>'</b>		FL		
11. Pursuant to or registere familiar with	n the provisions of Sections 607.050 of agent, or both, in the State of Flor n, and accept the obligations of, Sec	2 and 607 1508, Floridh Stal ida: Such change was autho ition 607.0605, Florida Statu	hites the abo prized by the c tes.	orp ve r	named corpo oration's boa	ration submits this statement for the purify of directors. I hereby accept the app	rpose or cria ointinent as	anging its registered office registered agent. I am	
SIGNATURE _	Support rel typical composition make of registered byte.	din as the Majorical e	(Ni Ta Ray Seed	A. p. 1	 dissignature regole	gg what skeeped at try	(HATE)		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	PD	DELÉTE	1 1 TI	ĭ*L. <b>F</b>			ί	Change Addition	
NAME	ENGLISH, GARY M		1.2 N/	ME					
STREET ADDRESS	832 N. THORNTON AVE.		13 SF	REET	ADDRESS				
CITY - ST - ZIP	ORLANDO FL 32803	P. D. C. C.	1 4 CI		ST-ZIF			Change C Addison	
TITLE .		DELETE	2 11				l.	Change Addition	
NAME			2 2 N/						
STHEEL ADDRESS					I ADDRESS				
CITY - ST - ZIP		DELETE	24 Ci	~	ST - ZiP			Change Addition	
TITLE			3 1 I				Į.	C Succession C management	
NAME ATORET ADORESE					LADORESS			٠	
STREET ADDRESS			1		ST-ZIP				
CITY-ST-ZIP TITLE		DELETE	4 1 1					Change Addition	
NAME		Land 1	42 N		1				
STREET ADDRESS			438	TRÉE	F ADDRESS				
CITY-SI-7:P					ST-ZIP				
TITLE		☐ DELETE	5 1 1					Change 🔲 Addition	
NAME			5 2 N	AME					
STREET ADDRESS			538	TREE	LADDRESS				
CITY - ST - ZIF			540	ηγ:	ST - 710°				
TITLE		DELETE	6.11	HILF				Change Addition	
NAME			62 N	AMI					
STREET ADDRESS			635	TPEE	1 ADDRESS				
CITY - ST- ZIP			640	aty.	ST - ZIP				

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. If further certify that the information indicated on this armual 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: \_

Bill Lundvall Bill Sundvall 6-14-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR