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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9400003651 (6)

L.B. AND L. CABLE, INC.

										AL HAL III
Principal Place of Business Mailing Address							]	() <b>06</b> 111 <b>6010</b>		AT 1191 1831
1501 SOUTHEAST 4TH ST.			1501 SOUTHEAST 4TH ST.							
STE. E			STE. E MOORE OK 73160-8231							
MOORE OK 73160 MOORE OK 73160-8231							3. Date Incorporated or Qualified	3a. [	ale of Last F	Report
							07/13/1994	03	/05/1996	
2. Principal P	lace of Business	2a. Mai	ling Address				4. FEI Number			pplied For
21			26]				73-1135653		N	ot Applicable
Suite, Ap1. #, etc.			Suite, Apt. #, etc.						\$8.75	Additional
22			27				5. Certificate of Status Desired		Fee R	lequired
City & State			City & State				6. Election Campaign Financing	_	\$5.00	Мау Ве
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip.	Zip Cour		ry		· · · · ·	ability for intangible tax under s. 199.032,		
24	25 29		30				Florida Statutes Yes No  10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent							10. Name and Address of New Re	gistered	Agent	
PERKINS, CHRIS					1	Name				
3469 PARKWAY CENTER COURT ORLANDO FL 32808					2	Street Address (P.O. Box Number is Not Acceptable)				
					3					
				ľ	3					l
				8	4	City			<b>85</b> Zip	Code
44 D	1. 16	F00 007 41	OD fileside Otelsa				ention a desire this statement for the	FL	- L	to registered
office or re	egistered agent, or both, in the Sta	ale of Florida. S	uch change was a	authorized	by	the corporation	ration submits this statement for the pon's board of directors. I hereby acce	pt the ap	pointment as	registered
	m lamiliar with, and accept the bo	ilgations of, sec	3000 007.0303, FIG	วทบล อเลเนเ	US.					
SIGNATURE Signature, typed or printed name of registered agent and tirle if applicable (NOTE Registered						nt signature required	d when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTOR	iS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTOR	RS IN 12
TITLE'.	CPT		DELETE	1,1 101,6					☐ Change	Addition
NAME	DAVIS, LAWRENCE A			. 1,2 NAM	E					
STREET ADDRESS	109 WELLINGTON LANE		1.3 STREE			ADDRESS				ļ
City-St-ZiP	MOORE OK 73160				1.4 City - ST - ZIP					
TITLE	8		□ DELETE	2.1 7/11/0					∐ Change	Addition
NAME	DAVIS, BEVERLEY I		2.2 N		2.2 NAME					
STREET ADDRESS	109 WELLINGTON LANE			2.3 \$TRE	ET #	ADORESS				
CITY-ST-ZIP	MOORE OK 73160			2.4 0119		1-ZIP			——————————————————————————————————————	
TITLE			☐ DELÉTE	3.1 TITUS		1			Change	Addition
NAME				3.2 NAM						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP		···········	Dariere	3.4 CITY		I-ZIP			Change	Addition
TITLE			[] DELETE	4.1 7(1).6					☐ Criange	L J Addition
NAME				4.2 NAM						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE	4.4 CITY		- ZIP			Change	Addition
TITLE			- Office	5.1 TITLE					Part Cultavific	L_J AUDIOUR
NAME				5.2 NAM		*DDDECC				
STREET ADDRESS						ADDRESS				-
CITY-ST-ZIP			DELETE	5.4 CITY		- 204			Change	Addition
TITLE			L) Official	6.1 TITLE					L. Vilariyo	LJ ZIGORION
NAME				6.2 NAM		*DDDE00				
STREET ADDRESS				6.3 STRE	t i A	ADDRESS				

14. I do 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 suppremental 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 collection of the collection of the collection of the collection of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 I changed for bit an attachment with an address.