

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 AUG -6 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003726 (6)

1. Corporation Name

STATE WIDE CATV, INC.

Principal Place of Business

Mailing Address

12950 - 58TH ST., NORTH
SUITE 4
CLEARWATER FL 34620

12950 - 58TH ST., NORTH
SUITE 4
CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/18/1994

4. FEI Number

Applied For

14-1649412

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4901 RIO VISTA AVE W.

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT C

27

City & State

City & State

23 TAMPA FL

28

Zip

Country

Zip

Country

24 33634

25 Hillsborough

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLACE, MICHAEL
12950 - 58TH ST., NORTH
SUITE 4
CLEARWATER FL 34620

81 Name

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

4901 RIO VISTA AVENUE W.

83

Unit C

84 City

Tampa

FL

85 Zip Code

33634

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	BURGESS, JOEL
STREET ADDRESS	440 COUNTY ROAD 75
CITY - ST - ZIP	MECHANICVILLE NY 12118
TITLE	V
NAME	WALLACE, MICHAEL
STREET ADDRESS	519 - 93RD AVE., NORTH
CITY - ST - ZIP	ST. PETERSBURG FL 33702
TITLE	ST
NAME	BURGESS, CYNTHIA
STREET ADDRESS	440 COUNTY ROAD 75
CITY - ST - ZIP	MECHANICVILLE NY 12118
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Michael Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-95

Date

813 887 3622

(Typed Name)