

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 FEB 20 AM 10:46****DOCUMENT # G27345****(9)**

1. Corporation Name

COAST TO COAST CATV, INC.

Principal Place of Business

**P. O. BOX 3903
GULF SHORES AL 36547**

Mailing Address

**P. O. BOX 3903
GULF SHORES AL 36547**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/10/1983

3a. Date of Last Report

02/28/1994

4. FEI Number

59-2200902

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 has liability for intangible tax under S. 199.032,
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

23

Country

Zip

28

Country

29**30**

9. Name and Address of Current Registered Agent

**ADDISON, MICHAEL C.
100 NO TAMPA STR
SUITE 2175
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

RILEY, JOHN E

STREET ADDRESS

209 CHICK SPRINGS ROAD

CITY- ST- ZIP

GREENVILLE, SC

TITLE

VD

NAME

LE BARRON, RICHARD

STREET ADDRESS

209 CHICK SPRINGS ROAD

CITY- ST- ZIP

GREENVILLE, SC

TITLE

TD

NAME

RILEY, CHARLENE

STREET ADDRESS

209 CHICK SPRINGS ROAD

CITY- ST- ZIP

GREENVILLE, SC

TITLE

SD

NAME

ADDISON, MICHAEL C

STREET ADDRESS

100 N. TAMPA ST. STE 2175

CITY- ST- ZIP

TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 of this filing or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL C. Addison 2/19/95 (813) 223-2000

Title

Telephone