

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90019 033 ***158.75

DOCUMENT # G27345

1. Corporation Name

COAST TO COAST CATV, INC.

Principal Place of Business

P. O. BOX 6299
NAVARRE, FL 32566

Mailing Address

MICHAEL C. ADDISON
P.O. BOX 2175
TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1983

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 owes the current year Intangible
Personal Property Tax.

☒

No

9. Name and Address of Current Registered Agent

ADDISON, MICHAEL C.
601 N FRANKLIN ST
SUITE 500
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name Addison, Michael C.
82 Street Address (P.O. Box Number is Not Acceptable)
220 E. Madison St.
83 Suite 1130
84 City Tampa FL 85 Zip Code 33602

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

4/16/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RILEY, JOHN E	
STREET ADDRESS	6609 AUGUSTA ROAD, #3	
CITY-ST-ZIP	GREENVILLE SC 29605	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LE BARRON, RICHARD	
STREET ADDRESS	6609 AUGUSTA ROAD, #3	
CITY-ST-ZIP	GREENVILLE SC 29605	
TITLE	TDP	<input type="checkbox"/> DELETE
NAME	RILEY, CHARLENE	
STREET ADDRESS	6609 AUGUSTA ROAD, #3	
CITY-ST-ZIP	GREENVILLE SC 29605	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ADDISON, MICHAEL C	
STREET ADDRESS	610 N FRANKLIN ST SUITE 500	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	P.O. Box 6299
2.4 CITY-ST-ZIP	Navarre, FL 32566
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	P.O. Box 6299
3.4 CITY-ST-ZIP	Navarre, FL 32566
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	220 E. Madison St, Suite 1130
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Second Vice President
5.3 STREET ADDRESS	John E. Riley
5.4 CITY-ST-ZIP	P.O. Box 6299
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	Navarre, FL 32566
6.4 CITY-ST-ZIP	

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Date

813223-2000

Daytime Phone #

CR2E034 (11/98)