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

Mailing Address

LAKELAND FL 33809

600 FOUNTAINVIEW SOUTH

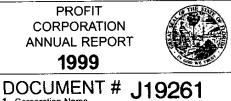
PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

600 FOUNTAINVIEW SOUTH LAKELAND FL 33809

LAKESIDE CABLE TV COMPANY



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90085 036 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/13/1986

					4 CCI Number		lied For	
2. Principal Pl	I Place of Business 2a. Mailing Address				4. FEI Number 59-2706312	<u> </u>	Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A		
Suite, Apt. #, etc.		5. Certificate of Status Desired			Fee Rec			
City & State	9	City & State			6. Election Campaign Financing	\$5.00	Mav Be	
28					Trust Fund Contribution	Added to	• 1	
	Zip Country Zip			,	8. This corporation owes the current year I	ntangible		
a	25 29 3			Personal Property Tax. ☐ Yes ☐ No			□No	
<u>.</u>]	9. Name and Address of Curren				10. Name and Address of New Registere	d Agent		
			81	Name				
LOHR, EMILY H. 5805 SANDS POINT DRIVE LAKELAND FL 33809				82 Street Address (P.O. Box Number is Not Acceptable)				
				31 Street Address (F.O. Dox Humber is Not Acceptable)				
				83				
						. 85 Zip C	ode	
			84	City	· F	L S Zp C	Joue	
11 Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statutes	, the above	-named corp	oration submits this statement for the purpose	of changing its	registered	
office or re	egistered agent, or both, in the State	of Florida. Such change was aut	norizea by	me corporation	on's board of directors. I hereby accept the app	ointment as reg	istered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fidit	ia Statutes	•				
SIGNATURE	Signature, typed or printed name of registered agen	of and title if applicable. (NOTE: R	egistered Agen	t signature require	d when reinstating) DATE			
12.		D DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TTLE	DP	☐ DELETE	1.1 TITLE			Change	Addition	
iame	LOHR, EMILY H.		1.2 NAME					
STREET ADDRESS	600 FOUNTAINVIEW SOUTH		1.3 STREET	ADDRESS				
CITY-ST-ZIP	LAKELAND FL		1,4 CITY-S	r-zip				
ITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
IAME			2.2 NAME					
STREET ADORESS			2.3 STREET	ADDRESS	•			
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP				
MILE		☐ DELETE 3			9	Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-S					
MLE	-	☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	_ :			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME		·			
STREET ADDRESS			6.3 STREE	T ADDRESS	•			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	¥			
2111-31-ZIP					Section 119.07(3)(i), Florida Statutes. I further of	artifuthat the i	oformation	

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: