

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$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 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K65358

(9)

1. Corporation Name

GADSDEN CABLEVISION, INC.

Principal Place of Business

219 E. VIRGINIA ST.
TALL FL 32301
US

Mailing Address

PO BOX 38237
TALL FL 32315
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/04/1989

3a. Date of Last Report

08/11/1994

4. FEI Number

59-2997045

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

21 825 Thomasville Road

2a. Mailing Address

28 825 Thomasville Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tallahassee, FL

City & State

26 Tallahassee, FL

Zip

24 32303

Country

25 Leon

Zip

29 32303

Country

30 Leon

9. Name and Address of Current Registered Agent

VANTURE, CHARLES E
215 E VIRGINIA ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

Charles E. Vanture

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

825 Thomasville Road

83

84 City

Tallahassee

FL

85 Zip Code

32303

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

Charles E. Vanture, 08/08/95

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE PS
NAME KRESS, DONALD L.
STREET ADDRESS 219 E VIRGINIA ST
CITY - ST - ZIP TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR/PS ☒ Change ☐ Addition
1.2 NAME Charles E. Vanture
1.3 STREET ADDRESS 825 Thomasville Road
1.4 CITY - ST - ZIP Tallahassee, FL 32303

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 119.07(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 in an attachment with an address.

SIGNATURE:

Charles E. Vanture, 08/08/95 224-7758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number