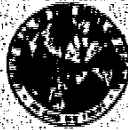


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PH 2:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L12733 (6)

1. Corporation Name

HURST CABLE, INC.

Principal Place of Business

**517 MARKET ST
OSAGE CITY KS 66523**

Mailing Address

**517 MARKET ST
OSAGE CITY KS 66523**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/31/1989

3a. Date of Last Report

05/11/1994

4. FEI Number

48-1080638

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**

7. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Route 10, Box 179

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Live Oak, FL

City & State

28 City & State

Zip Country

24 32060

25 Country

Zip

29 Zip

Country

30 Country

9. Name and Address of Current Registered Agent

**PELLICER, CHARLES E.
28 CORDOVA STREET
ST. AUGUSTINE FL 32084**

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 responsibility of Section 607.0505, Florida Statutes.

SIGNATURE

State typed or printed

Signature of registered agent and date

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HURST, EARL A.
STREET ADDRESS	7518 S. A1A
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	ST
NAME	GETSINGER, LINDA
STREET ADDRESS	517 MARKET
CITY - ST - ZIP	OSAGE CITY KS
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	PD	☒ Change ☐ Addition
1.2 NAME	Hurst, Earl A	
1.3 STREET ADDRESS	7518 S A1A	
1.4 CITY - ST - ZIP	St Augustine FL 32084	
2.1 TITLE	ST	☒ Change ☐ Addition
2.2 NAME	Getsinger, Linda	
2.3 STREET ADDRESS	517 Market	
2.4 CITY - ST - ZIP	Osage City KS 66523	
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)(b), 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:

Linda J. Getsinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95
Date

(913) 258-4205
Telephone Number