FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 PM 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Route 10, Box 179
22 Suite, Apt. #, etc.
23 City & State: Live Oak, FL
24 Zip: 32060
25 Country:

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
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 [illegible] accept the obligation [illegible] Section 607.0505, Florida Statutes.

SIGNATURE ______ (signature, typed or printed name of registered agent and title) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	[X] Change ☐ Addition
NAME	HURST, EARL A.	1.2 NAME	Hurst, Earl A	
STREET ADDRESS	7518 S. A1A	1.3 STREET ADDRESS	7518 S A1A	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	St Augustine FL 32084	
TITLE	ST	2.1 TITLE	ST	[X] Change ☐ Addition
NAME	GETSINGER,LINDA	2.2 NAME	Getsinger, Linda	
STREET ADDRESS	517 MARKET	2.3 STREET ADDRESS	517 Market	
CITY-ST-ZIP	OSAGE CITY KS	2.4 CITY-ST-ZIP	Osage City KS 66523	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Linda J. Getsinger — 4-24-95 — (913) 528-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040006 FN