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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:32

DOCUMENT # L42539 (1)

1. Corporation Name
GULF CABLE CONTRACTORS, INC.

Principal Place of Business	Mailing Address
~~1005 N. 9TH STREET~~ DEFUNIAK SPRINGS FL 32433	~~1005 N. 9TH STREET~~ DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/08/1990
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2983409	☐ Applied For ☐ Not Applicable
21 1122 State Hwy 83	26 1122 State Hwy 83		
22 Suite B	27 Suite B	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 DeFuniak Spgs, FL	28 DeFuniak Springs, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip 32433 / 25 County	29 Zip 32433 / 30 County	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAMPBELL, BOB 601 HILL STREET DEFUNIAK SPRINGS FL 32433	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 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 obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, BOB	1.2 NAME	
STREET ADDRESS	601 HILL ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPGS. FL	1.4 CITY-ST-ZIP	
TITLE	~~S~~	2.1 TITLE	☐ Change ☐ Addition
NAME	~~GANEY, DEBRA K~~	2.2 NAME	
STREET ADDRESS	~~601 HILL ST~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~DEFUNIAK SPRINGS FL~~	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, JANET B.	3.2 NAME	
STREET ADDRESS	601 HILL STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	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)(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 on an attachment with an address.

SIGNATURE: Bob Campbell — Bob Campbell — 04/07/95 — 904/892-6378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0411063 FP