

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L42539

(1)

1. Corporation Name

GULF CABLE CONTRACTORS, INC.



Principal Place of Business

Mailing Address

1122 STATE HWY. 83
SUITE B
DEFUNIAK SPRINGS FL 32433
US

1122 STATE HWY 83
SUITE B
DEFUNIAK SPRINGS FL 32433
US

3. Date Incorporated or Qualified

01/08/1990

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 **10 SOUTH 4th St.**

26 **10 SOUTH 4th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2983409

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032.

Florida Statutes

☐ Yes

☐ No

22 City & State

23 **Defuniak Springs, FL**

27 City & State

28 **Defuniak Springs, FL**

24 Zip

24 **32433**

25 Country

25 **US**

29 Zip

29 **32433**

30 Country

30 **US**

9. Name and Address of Current Registered Agent

**CAMPBELL, BOB
601 HILL STREET
DEFUNIAK SPRINGS FL 32433**

10. Name and Address of New Registered Agent

81 Name

Bob Campbell

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

876 Hill Street

83

84 City

Defuniak Springs

FL

85 Zip Code

32433

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
CAMPBELL, BOB**
STREET ADDRESS **601 HILL ST.**
CITY-ST-ZIP **DEFUNIAK SPGS. FL**

TITLE ☐ DELETE

NAME **T
CAMPBELL, JANET B.**
STREET ADDRESS **601 HILL STREET**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**876 Hill St.
Defuniak Springs, FL 32433**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**876 Hill St.
Defuniak Springs, FL 32433**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**SECRETARY
Olivia J. Howell
5894 County Hwy 28E
Defuniak Springs, FL 32433**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 on an attachment with an address.

SIGNATURE:

Olivia J. Howell

4/24/96

904/822-637P

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

daytime Phone #

CR2E034 (12/95)