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CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # M84203

(2)

L. F. C. CABLE, INC.

Principal Place of Business Mailing Address 5171-BURLINGTON AVE. 5171-BURLINGTON AVE. ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 3. Date Incorporated or Qualified



06/07/1988

3a. Date of Last Report

03/16/1995

2. Eminoipai F								
21	face of Business	2a. Mailing Address	\$		4. FEI Number 59-2903157			Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.		5. Certificate of Status Desired			5 Additional Required
Oity & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution		\$5.0	DO May Be
- Z ip 17i	Country	Zip	Cour	ntry	8. This corporation has liability for	r intangible ta		
24	25 9. Name and Address of Curre	29	30		Florida Statutes	s ∐ No		
	9, Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New	Registered /	Agent	
CLOUD,	LADDV			o i Name				
5171.RI	JRLINGTON AVE.		[1	82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
	ERSBURG FL 33710		-	63				
01.121	ENODONO 1 E 337 IV		Į.					
			Ţī	84 City			85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607 1508 Florida S	tatutes the about	named corpor	otion outproite this statement for the	<u>FL</u>	<u> </u>	
or register	to the provisions of Sections 607.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	ida Such change was aut	horized by the co	orporation's boar	ation submits this statement for the po d of directors. I hereby accept the app	irpose of cha pointment as	nging its registered	registered offic d agent. Lam
	or, and accept the obligations of, Sect	uon 607.0505, Florida Sta	tutes.					
SIGNATURE .	Signature typed or printed name of registered agent	t and tille it annicable	(NOTE: Registered A	lgerit signature required	Lutro relectation			
12.		ID DIRECTORS	13.	gent signal in enactine (ADDITIONS/CHANGES TO OF	DATE EICEDS AND	DIDECT	ODC IN 40
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	ST. PETERSBURG FL			EET ADDRESS (-SI-7/P				
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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 3 if changed, or on an attachment with an address.

SIGNATURE: *

2-17-96 8/3-323-3328