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

22.96B 0666 C

DOCUMENT # **P05169** **(8)**

1. Corporation Name

CABLE CONSULTANTS, INCORPORATED

Principal Place of Business	Mailing Address
2400 PLEASANTDALE RD. P. O. BOX 48551 ATLANTA GA 30340	2400 PLEASANTDALE RD. P. O. BOX 48551 ATLANTA GA 30340

3. Date Incorporated or Qualified: **03/04/1985**
3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business
21 **3850 Peachtree Ind. Blvd.**
Suite, Apt. #, etc.
22
City & State
23 **Duluth, GA**
Zip 24 **30136** Country 25 **USA**

2a. Mailing Address
26 **P.O. Box 48551**
Suite, Apt. #, etc.
27
City & State
28 **Atlanta, GA**
Zip 29 **30362** Country 30 **USA**

4. FEI Number: **58-1414437** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 Section 607.0272 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 of New Registered Agent, if changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD ☐ DELETE	1 TITLE	☒ Change ☐ Addition
1 NAME	BOSTWICK, GREGORY L	1 2 NAME	
1 STREET ADDRESS	6480 TRUDY DRIVE	1 3 STREET ADDRESS	
1 CITY-ST-ZIP	FLOWERY BRANCH A	1 4 CITY-ST-ZIP	GA 30542
2 TITLE	STD ☐ DELETE	2 1 TITLE	☒ Change ☐ Addition
2 NAME	JONES, MICHAEL WAYNE	2 2 NAME	
2 STREET ADDRESS	1057 WILEY BRIDGE ROAD	2 3 STREET ADDRESS	
2 CITY-ST-ZIP	WOODSTOCK GA	2 4 CITY-ST-ZIP	30188
3 TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
3 NAME		3 2 NAME	
3 STREET ADDRESS		3 3 STREET ADDRESS	
3 CITY-ST-ZIP		3 4 CITY-ST-ZIP	
4 TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
4 NAME		4 2 NAME	
4 STREET ADDRESS		4 3 STREET ADDRESS	
4 CITY-ST-ZIP		4 4 CITY-ST-ZIP	
5 TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
5 NAME		5 2 NAME	
5 STREET ADDRESS		5 3 STREET ADDRESS	
5 CITY-ST-ZIP		5 4 CITY-ST-ZIP	
6 TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
6 NAME		6 2 NAME	
6 STREET ADDRESS		6 3 STREET ADDRESS	
6 CITY-ST-ZIP		6 4 CITY-ST-ZIP	

CR2E034 (12/95)

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GREGORY L BOSTWICK, PRESIDENT

1-24-96 Date

770-441-0854 Daytime Phone #