## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION annual report

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # P08560** 

COX COMMUNICATIONS PENSACOLA, INC.

Principal Place of Business Mailing Address 2205 LA VISTA AVE 1400 LAKE HEARN DRIVE ATTN: CORP. TAX DEPT. PENSACOLA FL 32504 ATLANTA GA 30319-1464 U\$ 3. Date Incorporated or Qualified 3a. Date of Last Report 12/30/1985 04/29/1996 4. FEI Number 2. Principa Place of Business 2a. Mailing Address Applied For 58-1620087 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zio Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD **B**2 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Styruman type char printed name of registerio agest and title if applicable (NOTE: Registered Agent signature required when reinstating) (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD DELETE Change 1.1 T(T) F Addition 11"LE ROBBINS, JAMES O. 1.2 NAME MAME 1400 LAKE HEARN DR. SHREET ADDRESS 1.3 STREET ADDRESS atlanta ga 1.4 CITY - ST - ZIP 04Y-S1-7IP Change Addition ☐ DELETE 2.1 INLE THEF HAYES, JIMMY W. 1400 LAKE HEARN DR. HAYES, JIMMY W. 2.2 NAME MAME 1400 LAKE HEARN DR. STHLET ACORESS 2.3 STREET ADDRESS atlanta ga 2. 4 CITY-ST-ZIP 00 y - S1 7IP \_\_\_ Change DELETE Addition 3.1 TITLE THEF HATCHER, JAMES A. 3.2 NAME NAMi 1400 LAKE HEARN DR. 3.3 STREET ADDRESS STHEET ACCRESS atlanta ga OffY-SE ZIP 3.4. CITY - \$1 - ZIP Change DELETE Addition TITLE 4.1 TITLE BARNETT, PRESTON B 4. 2 NAME NAME 1400 LAKE HEARN DR STREET ADDRESS 4.3 STREET ADDRESS ATLANTA GA 4.4 CITY-ST-ZIP DELETE Change Addition THLE 5.1 TITLE MERDEK, ANDREW A NAME **5.2 NAME** 1400 LK HEARN DR 5.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filing 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

6.4 CITY - ST - ZIP

5.4 CITY - ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

0BY-51-26

STREET ADORESS.

TITLE

r al 4

atlanta ga

ATLANTA GA

JACOBSON, RICHARD J.

1400 LAKE HEARN DR

DELETE

LEMENT

1400 LAKE

ATLANTA,

Daytime Phone #

Change

30319

HEARN DR

**FILED** 

Apr 22 1997 8:00am

Secretary of State

Addition