

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P17525 (7)

1. Corporation Name

INTERMEDIA COMMUNICATIONS OF FLORIDA, INC.



Principal Place of Business

9280 BAY PLAZA BLVD.
SUITE 720
TAMPA FL 33619

Mailing Address

9280 BAY PLAZA BLVD.
SUITE 720
TAMPA FL 33619

3. Date Incorporated or Qualified
01/05/1988

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2913586

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

2. Principal Place of Business

21 3625 Queen Palm Dr.

Suite, Apt. #, etc.

22 City & State

23 Tampa, FL

24 Zip 33619

Country

2a. Mailing Address

26 3625 Queen Palm Dr.

Suite, Apt. #, etc.

27 City & State

28 Tampa, FL

29 Zip 33619

Country

9. Name and Address of Current Registered Agent

TOLLIVER, RONALD L CFO
% INTERMEDIA COMMUNICATIONS OF FLORIDA INC
9280 BAY PLAZA, SUITE 720
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name Samson, Barbara

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

3625 Queen Palm Dr.

83

84 City Tampa, FL

FL

85 Zip Code

33619

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 607.0503, Florida Statutes.

SIGNATURE: BARBARA SAMSON, VP

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/25/96

12. OFFICERS AND DIRECTORS

TITLE CP
NAME RUBERG, DAVID C
STREET ADDRESS 9280 BAY PLAZA BLVD.
CITY-ST-ZIP TAMPA FL

TITLE VS
NAME TOLLIVER, RON
STREET ADDRESS 9280 BAY PLAZA BLVD.
CITY-ST-ZIP TAMPA FL

TITLE V
NAME SAMSON, BARBARA
STREET ADDRESS 9280 BAY PLAZA BLVD
CITY-ST-ZIP TAMPA FL

TITLE V
NAME BROWN, CHRISTOPHER
STREET ADDRESS 9280 BAY PLAZA BLVD
CITY-ST-ZIP TAMPA FL

TITLE V
NAME RODDLW, MIKE
STREET ADDRESS 9280 BAY PLAZA BLVD
CITY-ST-ZIP TAMPA FL

TITLE V
NAME VIREEN, MIKE
STREET ADDRESS 9280 BAY PLAZA BLVD
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V
1.2 NAME Gieger, Jim
1.3 STREET ADDRESS 3625 Queen Palm Dr.
1.4 CITY-ST-ZIP Tampa, FL 33619

2.1 TITLE OFFICER
2.2 NAME JEANNE WALTERS
2.3 STREET ADDRESS 3625 QUEEN PALM DR.
2.4 CITY-ST-ZIP TAMPA, FL 33619-1309

3.1 TITLE OFFICER
3.2 NAME OSCAR WILLIAMS
3.3 STREET ADDRESS 3625 QUEEN PALM DR.
3.4 CITY-ST-ZIP TAMPA, FL 33619-1309

4.1 TITLE OFFICER
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: BARBARA SAMSON, VP

Date

4/25/96

Daytime Phone

CR2E034 (12/95)