

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P19050

(4)

1. Corporation Name

SD CABLE HOLDINGS, INC.

Principal Place of Business

5 WEST THIRD STREET
P.O. BOX 472
COUDERSPORT PA 16915

Mailing Address

5 WEST THIRD STREET
P.O. BOX 472
COUDERSPORT PA 16915

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:08

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/27/1988

3a. Date of Last Report

02/16/1994

4. FBI Number

25-1594757

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 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 constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIGAS, JOHN J.
STREET ADDRESS	R.D. #1
CITY - ST - ZIP	COUDERSPORT PA
TITLE	VD
NAME	RIGAS, MICHAEL J.
STREET ADDRESS	R.D. #1
CITY - ST - ZIP	COUDERSPORT PA
TITLE	VD
NAME	RIGAS, JAMES P.
STREET ADDRESS	R.D. #1
CITY - ST - ZIP	COUDERSPORT PA
TITLE	VSD
NAME	MILLIARD, DANIEL R.
STREET ADDRESS	PORT ALLEGHENY ROAD
CITY - ST - ZIP	COUDERSPORT PA
TITLE	VTD
NAME	RIGAS, TIMOTHY J.
STREET ADDRESS	R.D. #1
CITY - ST - ZIP	COUDERSPORT PA
TITLE	AS
NAME	FISHER, RANDALL D
STREET ADDRESS	5 W. 3RD ST.
CITY - ST - ZIP	COUDERSPORT PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	VP/AS
6.2 NAME	FISHER, RANDALL D
6.3 STREET ADDRESS	5 W. 3RD ST.
6.4 CITY - ST - ZIP	COUDERSPORT PA 16915

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 110.07(3)(b), 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:

Randall D. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randall D. Fisher 2/7/95 (814) 274-9830

Date

Keyfax (F200)