

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90020 046 \*\*\*150.00

0562227

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P23888**

1. Corporation Name  
**DYNAMIC CABLE CONSTRUCTION COMPANY, INC.**



Principal Place of Business  
**RT 3 BOX 3253  
 BEN WHEELER TX 75754-9742**

Mailing Address  
**RT 3 BOX 3253  
 BEN WHEELER TX 75754-9742**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 591 VZ CR 4823**

2a. Mailing Address  
**26 591 VZ CR 4823**

3. Date Incorporated or Qualified  
**04/14/1989**

4. FEI Number  
**75-1963589**

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State  
**23 Ben Wheeler, Texas**

City & State  
**28 Ben Wheeler, Texas**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip Country  
**24 75754-9739 25 USA**

Zip Country  
**29 75754-9739 30 USA**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDWINE, MICKEY	1.2 NAME	Mickey Redwine
STREET ADDRESS	RT.3 BOX 3253	1.3 STREET ADDRESS	591 VZ CR 4823
CITY-ST-ZIP	BEN WHEELER TX	1.4 CITY-ST-ZIP	Ben Wheeler, Texas 75754-9739
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DORIS	2.2 NAME	Doris Young
STREET ADDRESS	RT.3 BOX 3262-B	2.3 STREET ADDRESS	302 VZ CR 4825
CITY-ST-ZIP	BEN WHEELER TX	2.4 CITY-ST-ZIP	Ben Wheeler, Texas 75754-5414
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 if changed, or by an attachment with an address, with all other like empowered.

SIGNATURE: Mickey Redwine 01/04/99 (903)849-2747 -  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)