

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000025168 (4)**

1. Corporation Name

AMERICAN CABLE CORPORATION

Principal Place of Business

**5941 SEABIRD DRIVE SOUTH
GULFPORT FL 33707**

Mailing Address

**5941 SEABIRD DRIVE SOUTH
GULFPORT FL 33707**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/31/1993

3a. Date of Last Report

04/12/1994

4. FEI Number

59-3173761

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. The Corporation has liability for intangible tax under s. 198.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ZORIN, RICHARD J
5941 SEABIRD DR S
SUITE 211
GULFPORT FL 33707**

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 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 fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ZORIN, BARBARA E**
STREET ADDRESS **5941 SEABIRD DR S**
CITY- ST- ZIP **GULFPORT FL**

TITLE **VP**
NAME **ZORIN, RICHARD J**
STREET ADDRESS **5941 SEABIRD DR S**
CITY- ST- ZIP **GULFPORT FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
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STREET ADDRESS
CITY- ST- ZIP

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 ☐ Change ☐ Addition

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 110.07(3)(4), 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

BARBARA E ZORIN PRESIDENT

4-25-95

813-245-1661

Date

Telephone (Area #)