

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 16 AM 11:15

DOCUMENT # P93000067662 (5)

1. Corporation Name

ST. GEORGE CABLE, INC.

Principal Place of Business

**251 GULF BEACH DRIVE
ST. GEORGE ISLAND FL 32328**

Mailing Address

**251 GULF BEACH DRIVE
ST. GEORGE ISLAND FL 32328**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/23/1993

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

58-2071825

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. 193.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**ARMSTEAD, WALTER
2 FRANKLIN BOULEVARD
ST. GEORGE ISLAND FL 32328**

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	VOIGHT, KENNETH M
STREET ADDRESS	2011 SPRINGHILL DR
CITY- ST- ZIP	VALDOSTA GA 31602
TITLE	D
NAME	SHERWOOD, J C JR
STREET ADDRESS	701 N PATTERSON ST.
CITY- ST- ZIP	VALDOSTA GA 31601
TITLE	D
NAME	SUMNER, J C
STREET ADDRESS	701 N PATTERSON ST.
CITY- ST- ZIP	VALDOSTA GA 31601
TITLE	D
NAME	VOIGHT, GEORGE A
STREET ADDRESS	2011 SPRINGHILL DR.
CITY- ST- ZIP	VALDOSTA GA 31602
TITLE	D
NAME	BURGSTEINER, W D JR
STREET ADDRESS	510 KNOB HILL
CITY- ST- ZIP	LAKE PARK GA 31636
TITLE	
NAME	
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 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 907, 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

W. D. BURGSTEINER JR Treasurer

3-10-95

91242.4560