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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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

9. Name and Address of Current Registered Agent

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

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 Section 609.01, Florida Statutes, the above named corporation hereby certifies 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 609.01, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

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

13.

1. TITLE		Change	Addition
2. NAME			
3. STREET ADDRESS			
4. CITY, ST, ZIP			
5. TITLE			
6. NAME			
7. STREET ADDRESS			
8. CITY, ST, ZIP			
9. TITLE			
10. NAME			
11. STREET ADDRESS			
12. CITY, ST, ZIP			
13. TITLE			
14. NAME			
15. STREET ADDRESS			
16. CITY, ST, ZIP			
17. TITLE			
18. NAME			
19. STREET ADDRESS			
20. CITY, ST, ZIP			

14. I do hereby certify that the information provided with this filing is true and correct. I am a director or officer of the corporation and I am familiar with and accept the obligations of Section 609.01, Florida Statutes. I further certify that the information provided 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, and the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of change of officer or director with an address.

SIGNATURE: W.D. BURGSTEINER JR. W.D. BURGSTEINER JR 4-2-96 9120424560
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

CR2E034 (12/95)