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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000066358 (9)

## SERVICE CABLE ELECTRIC, INC. Principal Place of Business Mailing Address 120 UNIVERSITY PARK DR PO BOX 4597 **SUITE 290** WINTER PARK FL 32783 DO NOT WRITE IN THIS SPACE WINTER PARK FL 32792 3. Date Incorporated or Qualified 08/28/1995 2. Principal Place of Business 2a. Mailing Address Applied For 59-3353193 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Ζφ Country Zin 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. X Yes 25 29 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name SCRUGGS, ANTHONY KEITH 120 UNIVERSITY PARK DR Street Address (P.O. Box Number is Not Acceptable) SUITE 290 83 WINTER PARK FL 32792 City 84 Zip Code 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE 1.1 TITLE Change \_\_\_ Addition TITLE SCRUGGS, ANTHONY K 1.2 NAME NAME 120 UNIVERSITY PARK DR SUITE 290 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 THLE TITLE KUBISAK, JOSEPH 2.2 NAME NAME 7501 RED BUD COURT 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32807 CITY-S1-ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-2IP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 4 CITY - S7 - ZIP DELFTE ☐ Change Addition 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 61 TITLE TITLE NAME 6.3 STREET ADDRESS STREET ADORESS

14. Thereby 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 suppliemental 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:

CITY-ST-ZIP

126/98

**FILED** 

Mar 11 1998 8:00am

Secretary of State