

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000031632 (8)

1. Corporation Name

ACTION CABLE CORPORATION, INC.

Principal Place of Business

11495 ST JOSEPHS RD
JACKSONVILLE FL 32223

Mailing Address

11495 ST JOSEPHS RD
JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1996

3a. Date of Last Report

4. FEI Number

59-3374378

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 2912 SANS PAREIL ST.

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE, FL

Zip

24 32246

Country

25 U.S.A.

2a. Mailing Address

26 2912 SANS PAREIL ST.

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE FL

Zip

29 32246

Country

30 USA

9. Name and Address of Current Registered Agent

CLARK, ROBBIE
11495 ST JOSEPHS RD
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name

EDWARD RICE

82

Street Address (P.O. Box Number is Not Acceptable)

2912 SANS PAREIL ST.

83

84

City

JACKSONVILLE

FL

85 Zip Code

32246

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

EDWARD RICE, SECRETARY TREASURER

AUGUST 3, 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME RICE, EDWARD
STREET ADDRESS 11495 ST JOSEPHS RD
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ☐ DELETE

D
NAME CLARK, ROBBIE
STREET ADDRESS 2444 SPRING VALE RD
CITY-ST-ZIP JACKSONVILLE FL 32248

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

S T D
1.2 NAME RICE EDWARD
1.3 STREET ADDRESS 2912 SANS PAREIL ST.
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32246

2.1 TITLE ☒ Change ☐ Addition

P D
2.2 NAME CLARK, ROBBIE
2.3 STREET ADDRESS 10950 MANDARIN STATION DR. E.
2.4 CITY-ST-ZIP JACKSONVILLE FL 32257

3.1 TITLE ☐ Change ☒ Addition

V
3.2 NAME CLARK, JOANN
3.3 STREET ADDRESS 3848 TALLCOTT DR.
3.4 CITY-ST-ZIP JACKSONVILLE FL 32246

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 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 on an attachment with an address.

CR2E034 (4/97)