## 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 # P96000102638 (9)

RMB CABLE COMMUNICATIONS, INC.

**FILED** Mar 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					AN ALBIE DILEN ILANE ARIL HARI	
7250 CHAPEL		P O BOX 7445	<del>-</del>			
PENSACOLA	• • • • • • • • • • • • • • • • • • • •	PENSACOLA FL 32534				
		US	U\$		DO NOT WRITE IN THIS SPACE	
					<ol> <li>Date Incorporated or Qualified</li> <li>12/20/1996</li> </ol>	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	26		59-3418833	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			a. Certificate of Statos Desired	Fee Required
City & State		<u>├-</u> -┐ ′	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country Zip Cou		Country		Trust Fund Contribution	Added to Fees
24	25	29 30		,	<ol> <li>This corporation owes or has paid the cu Personal Property Tax due June 30.</li> </ol>	irrent year intangible ☐ Yes ☐ No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	
HUSTON, GARY W 81 Name						
3 WEST GARDEN STREET				Street Addr	ess (P.O. Box Number is Not Acceptable)	
PENSACOLA FL 32501				Street Addr	ess (F.O. Box Millinger is Mot Acceptable)	
			63			
			84	City		85 Zip Code
			07	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 registure	d agent and tille if applicable (NOTE: F	Registered Ag	ant signature requir	ed when reinstating) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	CEOP INCLUARD IN	☐ DELETE	1.1 TITLE	- 1		Change Addition
NAME	THOMAS, RICHARD JR		1.2 NAME			
STREET ADDRESS	474 MAN-O-WAR CIR CANTONMENT FL		1.3 STREET	ADDRESS		
CITY-ST-ZIP	11.73		1.4 CITY - 5	T-ZIP		
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	4007 OLIEDNICEV DD		2.2 NAME	-		1
STREET ADDRESS	DACE CI		2.3 STREET			
CITY-ST-ZIP	4.75		2. 4 CITY-	ST-ZIP		Observe Addition
TITLE	GREEN, BLOUNCHE K	L DELETE	3.1 TITLE			Change    Addition
NAME	4620 SHANNON CIR		3.2 NAME			
STREET ADDRESS	PENSACOLA FL		3.3 STREET			
CITY-ST-ZIP TITLE	- Pitaliana) I F	DELETE	3.4. CITY-:	SI-ZIP		☐ Change ☐ Addition
			4.1 MILE 4.2 NAME			C Director C Addition
NAME OTDEET ADDRESS				*000000		
STREET ADDRESS		i	4.3 STREET			
CITY-\$T-ZIP TITLE		DELETE	4.4 CITY - S 5.1 TITLE	I - ZIP		☐ Change ☐ Addition
NAME		hand of the fire	5.2 NAME			change radicion
STREET ADDRESS			5.3 STREET	*DUBLES		ľ
-						
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	1-614		Change Addition
NAME			6.2 NAME			C. Shange C. Addition
STREET ADDRESS				ADDRECO		
		·	6.3 STREET	i		
CITY-ST-ZIP			6.4 CITY - S	1-ZIP		

14. I 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 relieiver 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 argument with an address.