

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 02, 1999 8:00 am
Secretary of State

06-02-1999 90003 061 *****8.75
06-02-1999 90003 062 ***150.00

DOCUMENT # P97000027126
1. Corporation Name
TNT ENTERPRISES CATV CO., INC.

Principal Place of Business Mailing Address
3060 S. Deer Ave
Middleburg FL 32068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
3-27-97

2. Principal Place of Business 2a. Mailing Address
21 3060 S. Deer Ave 26 P.O. Box 829
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 Middleburg FL 28 Middleburg FL
Zip Country Zip Country
24 32068 25 USA 29 32050 30 USA

4. FEI Number Applied For
59-3497250 Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Paige Butler
3060 S. Deer Ave
Middleburg FL 32068

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 Paige Butler DATE 5-7-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE NAME ☐ DELETE
NAME Paige Butler
STREET ADDRESS Pres 32050
CITY-ST-ZIP 3060 S Deer Ave, MB FL
TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ DELETE
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 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, with all other like empowered.

SIGNATURE: Paige Butler DATE 5-7-99
Signature and typed or printed name of signing officer or director

CR2E034 (11/98)