

FILE

FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSAMENDED AR
\$61.25

99 JUL -1 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000015888

1. Corporation Name

L. B. & L. Cable of Florida, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/98

2. Principal Place of Business

2a. Mailing Address

21 1300 N. Florida Mango Rd.

26 1300 N. Florida Mango Rd.

4. FEI Number

65-0819649

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #7

27 #7

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

City & State

City & State

23 West Palm Beach, FL

28 West Palm Beach, FL

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33409

25 US

29 33409

30 US

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jim Ellis
910 Hollywood Blvd.
Hollywood, FL 33019 US

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE ☒ Change ☐ Addition
1.2 NAME P/S
1.3 STREET ADDRESS Lawrence A. Davis
1.4 CITY-ST-ZIP 1501 SE 4th St., Suite D
Moore, OK 73160TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP2.1 TITLE ☐ Change ☒ Addition
2.2 NAME T
2.3 STREET ADDRESS Jim Ellis
2.4 CITY-ST-ZIP 910 Hollywood Blvd.
Hollywood, FL 33019TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME 400002936894--7
3.3 STREET ADDRESS -07/20/99--01094--004
3.4 CITY-ST-ZIP *****61.25 *****61.25TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence A. Davis 06/30/99 (405) 999-9974

Date

Daytime Phone #

CR2E034 (11/98)