

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Oct 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S80206 (3)
1. Corporation Name
KNOLOGY OF PANAMA CITY, INC.

Principal Place of Business
13200 BACK BEACH RD.
PANAMA CITY BEACH FL 32407

Mailing Address
P.O. BOX 2462
PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 1241 OG Skinner Dr		09/11/1991	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 West Point, GA		59-3087861	
24 Country		29 31833		5. Certificate of Status Desired	
25		30 Trump		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2607

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	D	WRIGHT, SHAWN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P/CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				1.2 NAME	William B. Monnow		
STREET ADDRESS		3017 HWY. 231 N.		1.3 STREET ADDRESS	1241 OG Skinner Dr		
CITY-ST-ZIP		PANAMA CITY FL 32404		1.4 CITY-ST-ZIP	West Point, GA 31833		
TITLE	PD	BENSE, ALLAN G.	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	T/S/CFO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME	James K. McDonnell		
STREET ADDRESS		4166 HWY 231 N		2.3 STREET ADDRESS	1241 OG Skinner Dr		
CITY-ST-ZIP		PANAMA CITY FL 32404		2.4 CITY-ST-ZIP	West Point, GA 31833		
TITLE	SD	HILTON, L. CHARLES JR.	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Asst. T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME	Felix L. Bocucci, Jr.		
STREET ADDRESS		4116 HWY 231 N		3.3 STREET ADDRESS			
CITY-ST-ZIP		PANAMA CITY FL 32404		3.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	William H. Scott		
STREET ADDRESS				4.3 STREET ADDRESS	312 West 8th St		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	West Point, GA 31833		
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	Campbell, Lancia, III		
STREET ADDRESS				5.3 STREET ADDRESS	312 West 8th Street		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	West Point, GA 31833		
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE:

James K. McDonnell

9/18/98

CR2E034 (5/98)