

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # V02702 (1)  
1. Corporation Name  
CROMER CABLE SPlicing, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
PO BOX 109 UMATILLA FL 32784 US		PO BOX 109 UMATILLA FL 32784 US	
2. Principal Place of Business		2a. Mailing Address	
21 14 Hollywood Way Suite, Apt. #, etc.		26 14 Hollywood Way Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Crawfordville, FL		28 Crawfordville, FL	
24 32327 25 Wakulla		29 32327 30 Wakulla	

3. Date Incorporated or Qualified 01/01/1992	
4. FEI Number 59-3098797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CROMER, LILA STEEDLEY 74 LAKESIDE AVENUE UMATILLA FL 32784		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 14 Hollywood Way 83 84 City Crawfordville FL 85 Zip Code 32327	

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 fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROMER, WILLIAM DENNIS	1.2 NAME	
STREET ADDRESS	PO BOX 109 NA	1.3 STREET ADDRESS	14 Hollywood Way
CITY-ST-ZIP	UMATILLA FL	1.4 CITY-ST-ZIP	Crawfordville, FL 32327
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROMER, LILA STEEDLEY	2.2 NAME	
STREET ADDRESS	P. O. BOX 109 NA	2.3 STREET ADDRESS	14 Hollywood Way
CITY-ST-ZIP	UMATILLA FL	2.4 CITY-ST-ZIP	Crawfordville, FL 32327
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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.

CR2E034 (10/97)