

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 25 PM 4:36

DOCUMENT # V07356

1. Entity Name
TELCOVE OF JACKSONVILLE, INC.



Principal Place of Business
712 NORTH MAIN ST
COUDERSPORT, PA 16915 US

Mailing Address
712 NORTH MAIN ST
COUDERSPORT, PA 16915 US



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3116083

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY (CSC)
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GUTH, ROBERT
STREET ADDRESS 121 CHAMPION WAY
CITY-ST-ZIP CANONSBURG, PA 15317

TITLE S
NAME MEANS, JAMES E
STREET ADDRESS 121 CHAMPION WAY
CITY-ST-ZIP CANONSBURG, PA 16915

TITLE TD
NAME BABCOCK, EDWARD E
STREET ADDRESS 712 NORTH MAIN STREET
CITY-ST-ZIP COUDERSPORT, PA 16915

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000071897070

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

2/10/06

Date

Daytime Phone #

4125
00



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 051530 5165606

AUTHORIZATION

[Signature]

COST LIMIT : \$ 150.00

ORDER DATE : April 24, 2006

ORDER TIME : 2:25 PM

ORDER NO. : 051530-015

CUSTOMER NO: 5165606

ANNUAL REPORT FILING

NAME: TELCOVE OF JACKSONVILLE, INC.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - Ext. 2962

EXAMINER'S INITIALS: _____