

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 JAN 23 PH 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **V24431** (1)

1. Corporation Name
AUTOMATIC CABLE CORPORATION

Principal Place of Business

**2895 S ORLANDO DR
SANFORD FL 32773
US**

Mailing Address

**2895 S ORLANDO DR
SANFORD FL 32773
US**

2. Principal Place of Business

2a. Mailing Address

21 **2895 S. Orlando Dr.**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Sanford FL**

Zip Country

28 Zip Country

24 **32773**

25 **Seminole**

29

30

9. Name and Address of Current Registered Agent

**MARTINET, GARY
2895 S ORLANDO DR
SANFORD FL 32773**

3. Date Incorporated or Qualified

03/25/1992

3a. Date of Last Report

02/24/1995

4. FEI Number

59-3118487

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

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

Signature (Typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARTINET, GARY
917 OAK FOREST DR.
WINTER SPRINGS FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

GARY MARTINET
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY Martinet 1-19-96

Date

407-322-7622
Daytime Phone

CR2E034 (12/95)