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95 APR 20 PM 12:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morsham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V47238 (3)

1. Corporation Name
J & J CABLE SPLICING, INC.

Principal Place of Business 4989 GOLDEN GATE PKWY NAPLES FL 33999-6950 US	Mailing Address 4989 GOLDEN GATE PKWY NAPLES FL 33999 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/01/1992	3a. Date of Last Report 03/03/1994
4. FEI Number 65-0342177	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 4641 PALM TREE BLVD. Suite, Apt. #, etc. # 3	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 CAPE CORAL, FL.	27 City & State
24 Zip 33904 Country USA	29 Zip Country

9. Name and Address of Current Registered Agent

**JOHNSTON, JAMES R
3725 SE 15TH AVE
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name JOHNSTON, JAMES R.
82 Street Address (P.O. Box Number is Not Acceptable) 4641 PALM TREE BLVD.
83 # 3
84 City CAPE CORAL FL 85 Zip Code 33904

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 _____ (NOTE: Registered Agent signature required when necessary) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	NAME JOHNSTON, JAMES R
STREET ADDRESS 3725 SE 15TH AVE	CITY - ST - ZIP CAPE CORAL FL
TITLE STD	NAME JOHNSTON, AGNES G
STREET ADDRESS 3725 SE 15TH AVE	CITY - ST - ZIP CAPE CORAL FL
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME JOHNSTON, JAMES R.	
1.3 STREET ADDRESS 4641 PALM TREE BLVD, #3	
1.4 CITY - ST - ZIP CAPE CORAL, FL 33904	
2.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME JOHNSTON, AGNES G	
2.3 STREET ADDRESS 4641 PALM TREE BLVD #3	
2.4 CITY - ST - ZIP CAPE CORAL FL, 33904	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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 R. Johnston DATE: 4/15/95 (813) 353-7384