

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 12 PM 11:18

DOCUMENT # **G41920** (1)

1. Corporation Name  
**CABLE COMMUNICATIONS AND ENGINEERING, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>4094 WHITEWATER RD<br/>P. O. BOX 1554<br/>VALDOSTA GA 31601<br/>US</b> | Mailing Address<br><b>4094 WHITEWATER RD<br/>P. O. BOX 1554<br/>VALDOSTA GA 31601<br/>US</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>06/02/1983</b>  | 3a. Date of Last Report<br><b>03/15/1994</b>           |
| 4. FEI Number<br><b>59-2203720</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
| Zip<br>29                            | Country<br>30             |

9. Name and Address of Current Registered Agent  
**CAMBRE, THOMAS  
117 STANDISH DRIVE  
ORMOND BEACH FL 32074**

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 the if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                |                            |
|----------------|----------------------------|
| TITLE          | <b>PD</b>                  |
| NAME           | <b>TOUCHTON, W. Q. JR.</b> |
| STREET ADDRESS | <b>4094 WHITEWATER RD</b>  |
| CITY ST ZIP    | <b>VALDOSTA GA</b>         |
| TITLE          | <b>STD</b>                 |
| NAME           | <b>TOUCHTON, CAROL P.</b>  |
| STREET ADDRESS | <b>4094 WHITEWATER RD</b>  |
| CITY ST ZIP    | <b>VALDOSTA GA</b>         |
| 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1 2 NAME            |   |
| 1 3 STREET ADDRESS  |   |
| 1 4 CITY - ST - ZIP |   |
| 2 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2 2 NAME            |   |
| 2 3 STREET ADDRESS  |   |
| 2 4 CITY - ST - ZIP |   |
| 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 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: William Q. Touchton Jr. - William Q. Touchton JR Date: 3-28-95 912559.3018 (Typed Name #)