

ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

95 APR -4 AM 7:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J57093 (3)

1. Corporation Name
CABLE TELEVISION MANPOWER, INC.

Principal Place of Business Mailing Address
333 SPRING AVE 333 SPRING AVE
P.O. BOX 2085 P.O. BOX 2085
PANAMA CITY FL 32402 PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/13/1987 3a. Date of Last Report 05/24/1994
4. FEI Number 59-2790054 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRANGE, HERBERT E.
333 SPRING AVE
PANAMA CITY FL 32401

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 re-registering

DATE

12. OFFICERS AND DIRECTORS
TITLE D
NAME STRANGE, HERBERT E.
STREET ADDRESS ~~4135 N. SHORE RD~~
CITY - ST - ZIP ~~LYNN HAVEN FL~~
TITLE D
NAME STRANGE, MARTHA M.
STREET ADDRESS ~~4135 N. SHORE RD~~
CITY - ST - ZIP ~~LYNN HAVEN FL~~
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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 Change Addition
1.2 NAME
1.3 STREET ADDRESS 333 SPRING AVE P.O. BOX 2085
1.4 CITY - ST - ZIP PANAMA CITY, FL 32401
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS SAME AS ABOVE
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change 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 resolver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HERBERT E. STRANGE

Herbert E. Strange
President

3/31/95

904-784-9039

SIGNATURE AND TYPE OF PRINTED NAME OF OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER