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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J46477 (2)
1. Corporation Name
NETWORK SOUTH, INC.



Principal Place of Business Mailing Address
C/O NELSON L. JOHNSON C/O NELSON L. JOHNSON
1965 LORDUN TRAIL WEST 1965 LORDUN TRAIL WEST
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207

3. Date Incorporated or Qualified 12/09/1986 3a. Date of Last Report 12/19/1986
4. FEI Number 59-2751960 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
JOHNSON, NELSON L ;
1965 LORDUN TERRACE WEST
JACKSONVILLE FL 32207

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] DATE: 4/1/97
(NOTE: Registered Agent signature required when reinstating)

Table with 12 rows and 2 columns for Officers and Directors. Includes fields for Title, Name, Street Address, City-St-Zip, and a Delete checkbox.

Table with 12 rows and 2 columns for Additions/Changes to Officers and Directors. Includes fields for Title, Name, Street Address, City-St-Zip, and checkboxes for Change and Addition.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] DATE: 4/1/97 (904) 396-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0012140

CR2E034 (9/96)