

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J46477 (2)**  
 1. Corporation Name  
**NETWORK SOUTH, INC.**



Principal Place of Business <b>C/O NELSON L. JOHNSON                  1985 LORDUN TRAIL WEST                  JACKSONVILLE FL 32207</b>	Mailing Address <b>C/O NELSON L. JOHNSON                  1985 LORDUN TRAIL WEST                  JACKSONVILLE FL 32207</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/09/1986</b>		4. FEI Number <b>59-2751960</b>		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 <b>2151 IVYGAIL DR.</b> Suite, Apt #, etc	2a. Mailing Address 26 <b>2151 IVYGAIL DR.</b> Suite, Apt #, etc	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
22 City & State 23 <b>JACKSONVILLE, FL</b>	27 City & State 28 <b>JACKSONVILLE, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
24 Zip <b>32225</b>	25 Country <b>PUVAL</b>	29 Zip <b>32225</b>	30 Country <b>PUVAL</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>JOHNSON, NELSON L ;                  1985 LORDUN TERRACE WEST                  JACKSONVILLE FL 32207</b>				10. Name and Address of New Registered Agent	
81 Name <b>JOHNSON, NELSON L.</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>2151 IVYGAIL DR</b>	
83				84 City <b>JACKSONVILLE FL</b>	
				85 Zip Code <b>32225</b>	

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: *Nelson L. Johnson* DATE: **4/14/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOHNSON, NELSON</b>		1.2 NAME <b>NELSON L. JOHNSON</b>	
STREET ADDRESS <b>1985 LORDUN TERRACE WEST</b>		1.3 STREET ADDRESS <b>2151 IVYGAIL DR.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32207</b>		1.4 CITY-ST-ZIP <b>JACKSONVILLE, FL 32225</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Nelson L. Johnson* DATE: **4/14/98** (904) 220-7397

CR2E034 (10/97)