

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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90035 014 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # J46477**

1. Corporation Name  
**NETWORK SOUTH, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2151 IUYGAIL DR**  
**1965 LORDUN TRAIL WEST**  
**JAX FL 32225**  
**US**

Mailing Address  
**2151 IUYGAIL DR**  
**1965 LORDUN TRAIL WEST**  
**JAX FL 32225**  
**US**

3. Date Incorporated or Qualified  
**12/09/1986**

4. FEI Number  
**59-2751960**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**21** **2151 IUYGAIL DR.**  
 Suite, Apt. #, etc.  
**22**

2a. Mailing Address  
**26** **2151 IUYGAIL DR.**  
 Suite, Apt. #, etc.  
**27**

City & State  
**23** **JACKSONVILLE, FL**  
 Zip Country  
**24** **32225** **25**

City & State  
**28** **JACKSONVILLE, FL**  
 Zip Country  
**29** **32225** **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 **JOHNSON, NELSON L.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2151 IUYGAIL DRIVE**

83

84 City **JACKSONVILLE FL** 85 Zip Code **32225**

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, NELSON	
STREET ADDRESS	2151 IUYGAIL DR IUYGAIL DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	JOHNSON, NELSON	
1.3 STREET ADDRESS	2151 IUYGAIL DR.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
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 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, with another like empowered.

SIGNATURE: *Nelson L. Johnson* **2/10/99** (904)220-7397  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)