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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N19068** **(8)**

1. Corporation Name

PEOPLES NETWORK, INC.

Principal Place of Business	Mailing Address
3 RIVER STREET WHITE SPRINGS FL 32096 US	P.O. BOX F WHITE SPRINGS FL 32096-0260 US

3. Date Incorporated or Qualified: 02/03/1987
3a. Date of Last Report: 03/08/1996

2. Principal Place of Business
21 RT 1 Box 2002
Suite, Apt. #, etc. 22
City & State 23 WHITE SPRINGS FL
Zip 24 FL 32096 Country 25 USA

2a. Mailing Address
26 RT 1 BOX 2002
Suite, Apt. #, etc. 27
City & State 28 WHITE SPRINGS FL
Zip 29 32096 Country 30 USA

4. FEI Number: 59-2776487 ☐ 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

9. Name and Address of Current Registered Agent

HARDER, CHARLES EDWARD
3 RIVER STREET BOX 413
WHITE SPRINGS FL 32096

10. Name and Address of New Registered Agent

81 Name: HARDER, CHARLES EDWARD (Same)
82 Street Address (P.O. Box Number is Not Acceptable): RT 1 BOX 2002
83
84 City: WHITE SPRINGS FL 85 Zip Code: 32096

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTDC	☐ DELETE	1.1 TITLE	Same	☒ Change ☐ Addition
NAME	HARDER, CHARLES E.		1.2 NAME	Same	
STREET ADDRESS	3 RIVER STREET, BOX 413		1.3 STREET ADDRESS	RT 1 BOX 2002	
CITY-ST-ZIP	WHITE SPRINGS FL 32096		1.4 CITY-ST-ZIP	WHITE SPRINGS FL 32096	
TITLE	SD	☐ DELETE	2.1 TITLE	Same	☒ Change ☐ Addition
NAME	MAYFIELD-HARDER, DIANNE		2.2 NAME	Same	
STREET ADDRESS	3 RIVER STREET, BOX 413		2.3 STREET ADDRESS	RT 1 BOX 2002	
CITY-ST-ZIP	WHITE SPRINGS FL 32096		2.4 CITY-ST-ZIP	WHITE SPRINGS FL 32096	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	LEMPERT, LAWRENCE		3.2 NAME		
STREET ADDRESS	1601 W. SLIGH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	33604	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] CHARLES E. HARDER 1-17-97 904-397-4390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0001895