

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

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Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001724
1. Corporation Name

Instant Web, Inc.

Principal Place of Business Mailing Address

7951 Powers Boulevard
Chanhassen, MN 55317-9326

Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
Qualified April 5, 1996

4. FEI Number **41-0946762** 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ 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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

John D. Armistead
Instant Web, Inc.
211 Cherry Hill Circle
Longwood, Florida 32779

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 of person authorized to execute this statement

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C.E.O. / Chairman ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	E. Jerome Carlson	1.2 NAME	
STREET ADDRESS	6950 Galpin Lake Road	1.3 STREET ADDRESS	
CITY-ST-ZIP	Excelsior, MN 55331	1.4 CITY-ST-ZIP	
TITLE	Director ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Frank Beddor, Jr.	2.2 NAME	
STREET ADDRESS	4400 Gulf Shore Blvd. North	2.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, Florida 34103	2.4 CITY-ST-ZIP	
TITLE	Director ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Michelle M. Beddor	3.2 NAME	
STREET ADDRESS	469 South Convent Ave. # 2	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tucson, AZ 85701	3.4 CITY-ST-ZIP	
TITLE	President ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	David Gardella	4.2 NAME	
STREET ADDRESS	1230 Orono Oaks Drive	4.3 STREET ADDRESS	
CITY-ST-ZIP	Long Lake, MN 55356	4.4 CITY-ST-ZIP	
TITLE	Executive Vice President ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Bradley H. Bloss	5.2 NAME	
STREET ADDRESS	5170 Howards Point Road	5.3 STREET ADDRESS	
CITY-ST-ZIP	Shorewood, MN 55331	5.4 CITY-ST-ZIP	
TITLE	C.F.O. / Secretary ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	H. Bill Carlson	6.2 NAME	
STREET ADDRESS	5303 County Road 6	6.3 STREET ADDRESS	
CITY-ST-ZIP	Maple Plain, MN 55359	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied on this form 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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Bill Carlson, C.E.O. / Secretary

(612) 474-0961

Date

Day(s) Phone #

CR2E034 (10/97)