

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

FILED  
Mar 24 1998 8:00am  
Secretary of State

PROFIT,  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F96000005055 (6)

1. Corporation Name

NETPLANNER SYSTEMS, INC.

Principal Place of Business

6689 PEACHTREE INDUSTRIAL BLVD #0  
NORCROSS GA 30092

Mailing Address

6689 PEACHTREE INDUSTRIAL BLVD #0  
NORCROSS GA 30092

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1996

4. FEI Number

58-1766857

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 3284 Medlock Bridge Rd.

2a. Mailing Address

27 3284 Medlock Bridge Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NORCROSS, GA

City & State

28 NORCROSS, GA

Zip

Country

24 30092

25

Zip

Country

29 30092

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME BRIDGES, CLINT  
STREET ADDRESS PO BOX 129921 N/A  
CITY-ST-ZIP NORCROSS GA 30032

☐ DELETE

TITLE S  
NAME JOLIN, J F  
STREET ADDRESS 3856 CHEROKEE TR  
CITY-ST-ZIP SUWANEE GA 30174

☒ DELETE

TITLE T  
NAME EDWARDS, JAMES JR  
STREET ADDRESS 459 BLANTON RD  
CITY-ST-ZIP ATLANTA GA 30342

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE

Clint Bridges

2/12/98

CR2E034 (10/97)