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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9800003716

COM-NET SERVICES, INC.

Principal Place of Business 8183 W. EL CAJON BATON ROUGE LA 70815 Mailing Address

8183 W. EL CAJON BATON ROUGE LA 70815

## FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90001 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualifed		
		T.A				06/29/1998 4. FEI Number		pplied For
2. Principal Place of Business		2a. Mailing Address					<del> </del>	ot Applicable
<u> </u>		26	. <del></del>			72-1393331		Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	·	equired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip Count				This corporation owes the current year Intangible		
25 29 30						Personal Property Tax.		
<u> </u>	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent	
				81	Name			
C T CORPORATION SYSTEM				00	C++++ 4 d d -	(D.O. Say Number is Not Assentable)		
1200 SOUTH PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324				83				
				33				
				84	City	EI	85 Zip	Code
						<u> </u>		
office or re agent. I a	to the provisions of Sections 607,050.  egistered agent, or both, in the State in familiar with, and accept the obligation.	of Florida. Such change :	was authorized	d by t	the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	intment as r	egistered
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable.	(NOTE: Registered	i Agent	signature required			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	С	☐ DELE	TE 1.1 TI	ITLE			Change	☐ Addition
IAME,	THOMAS, NEWTON B		1.2 N	AME				
STREET ADDRESS	8183 W. EL CAJON		1.3 S	TREET	ADDRESS			
	BATON ROUGE LA 70815			ITY-ST				
CITY-ST-ZIP	DS	DELE			- 211		Change	☐ Addition
			2.2 N					
NAME	PHILLIPS, N. LARON							
STREET ADDRESS	8183 W. EL CAJON				ADDRESS			
OTY-ST-ZIP -	BATON ROUGE LA 70815				T-ZIP		Change	Addition
TITLE	P	☐ DELE	i					
NAME	MERASNTA, STEPHEN P		3.2 N	AME	1			
STREET ADDRESS	8183 W. EL CAJON		33S	TREET	ADDRESS			
CITY-ST-ZIP	BATON ROUGE LA 70815		3.4. 0	CITY-SI	T-ZIP			
ITLE		☐ DELE	TE 4,1 T	ITLE			Change	Addition
NAME			4.21	VAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP				ITY-ST				
TITLE		□ DELE					[] Change	Addition
				IAME			_	
NAME					ADDRESS			
STREET ADDRESS				TY-ST				
CITY-ST-ZIP		CT BELF			1-FIL		☐ Change	Addition
TITLE		☐ DELE						
NAME				IAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				ITY-ST			<del> </del>	
14. I hereby	certify that the information supplied wi	th this filing does not qua	alify for the exe	empti	on stated in S	Section 119.07(3)(i), Florida Statutes. I further co	ertify that the	information

4. 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99

715-927-8921

R2E034 (11/98)