

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 9:17

DOCUMENT # H09483 (9)

1. Corporation Name

EQUI-NET, INCORPORATED

Principal Place of Business

10501 SIX MILE CYPRESS PKWY., #101
FT. MYERS FL 33907

Mailing Address

10501 SIX MILE CYPRESS PKWY., #101
FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1984

3a. Date of Last Report

01/28/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address c/o Batson,

26

Carnahan, Doyle & Co., P.A.

27

Suite, Apt. #, etc.

28

8211 College Parkway

29

City & State

30

Fort Myers, FL

31

Zip

Country

32

33919

33

Lee

4. FEI Number

59-2417729

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CASE, THOMAS D.
10501 SIX MILE CYPRESS PKWY., #101
FT. MYERS FL 33907

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 this corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARBER, ROBERT S.
STREET ADDRESS	12693 NEW BRITANNY BLVD.
CITY ST ZIP	FT. MYERS FL
TITLE	ST
NAME	CASE, THOMAS D.
STREET ADDRESS	10501 SIX MILE CYPRESS
CITY ST ZIP	FT. MYERS FL
TITLE	D
NAME	HOROWITZ, WILLIAM N.
STREET ADDRESS	1715 MONROE ST.
CITY ST ZIP	FT. MYERS FL
TITLE	D
NAME	GORA, BRUCE T.
STREET ADDRESS	43 BARKLEY CIR., #202
CITY ST ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P	☒ Change ☐ Addition
2. NAME	Barber, Robert S.	
3. STREET ADDRESS	12381 S. Tamiami Trail, #404	
4. CITY ST ZIP	Fort Myers, FL 33907	
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY ST ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY ST ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY ST ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: /

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-95

83-175-664