

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

FILED

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 # **J46477** (2)
1. Corporation Name
NETWORK SOUTH, INC.

Principal Place of Business C/O NELSON L. JOHNSON 1885 LORDUN TRAIL WEST JACKSONVILLE FL 32207	Mailing Address C/O NELSON L. JOHNSON 1885 LORDUN TRAIL WEST JACKSONVILLE FL 32207
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2151 IVYGAIL DR. Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE, FL Zip 24 32225		2a. Mailing Address 25 2151 IVYGAIL DR. Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE, FL Zip 29 32225 Country 30 PUVAL		3. Date Incorporated or Qualified 12/09/1986	
4. FEI Number 59-2751960		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent JOHNSON, NELSON L. 1885 LORDUN TERRACE WEST JACKSONVILLE FL 32207		10. Name and Address of New Registered Agent 81 Name JOHNSON, NELSON L. 82 Street Address (P.O. Box Number is Not Acceptable) 2151 IVYGAIL DR 83 84 City JACKSONVILLE FL 85 Zip Code 32225	
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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 *Nelson L. Johnson* DATE **4/14/98**
Signature typed or printed name of registered agent and this is applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, NELSON		1.2 NAME NELSON L. JOHNSON	
STREET ADDRESS 1885 LORDUN TERRACE WEST		1.3 STREET ADDRESS 2151 IVYGAIL DR.	
CITY-ST-ZIP JACKSONVILLE FL 32207		1.4 CITY-ST-ZIP JACKSONVILLE, FL 32225	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Nelson L. Johnson* DATE **4/14/98** (904) 220-7397

CR2E034 (10/97)