FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 MAY 31 AM 9:37

DOCUMENT # K08908 (1)

1. Corporation Name
INTELLINET, INC.

Principal Place of Business	Mailing Address
2640 GOLDEN GATE PARKWAY #101 NAPLES FL 33942-0200	2640 GOLDEN GATE PARKWAY #101 NAPLES FL 33942-0200

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/24/1987
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 59-2866264 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

RASMUSSEN, WILLIAM F
~~401 CHARLESWOOD LANE~~
~~NAPLES 33942~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 152 COLONADE
83
84 City: NAPLES FL 85 Zip Code: 33940

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	VT	☐ Change ☒ Addition
NAME	GUENTHER, RALPH J.	12 NAME	CRAIG T. HALPP	
STREET ADDRESS	235 WILDWOOD LANE	13 STREET ADDRESS	2640 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	NAPLES, FL. 33942	
TITLE	VSD	21 TITLE	VD	☐ Change ☒ Addition
NAME	RASMUSSEN, GLENN J.	22 NAME	WILLIAM G. SCOTT	
STREET ADDRESS	180 NAPA RIDGE RD. E.	23 STREET ADDRESS	2640 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	NAPLES, FL. 33942	
TITLE	CD	31 TITLE	V	☐ Change ☒ Addition
NAME	RASMUSSEN, WILLIAM F	32 NAME	HUNTLEY A. HORNBECK II	
STREET ADDRESS	~~401 CHARLESWOOD LANE~~ 152 COLONADE	33 STREET ADDRESS	2640 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	NAPLES, FL 33942	
TITLE	D	41 TITLE	V	☐ Change ☒ Addition
NAME	POWELL, CLAY B.	42 NAME	JAMES D. PRITCHETT	
STREET ADDRESS	172 BEAR'S PAW TRAIL	43 STREET ADDRESS	2640 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	NAPLES, FL. 33942	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, EDWARD L.	52 NAME		
STREET ADDRESS	7130 SOUTH LEWIS	53 STREET ADDRESS		
CITY-ST-ZIP	TULSA OK	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	WILLIAM G. HENDRICKSON	62 NAME		
STREET ADDRESS	4301 GULF SHORE BLVD NORTH	63 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	64 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)(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: C. T. Halpp V.P. Finance 5/26/95 (813) 434-5888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0328480 CP