FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
May 21 1996 8:00 am
Secretary of State

DOCUMENT # K08908 (1)

1. Corporation Name
INTELLINET, INC.

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

Mailing Address
2640 GOLDEN GATE PARKWAY #101
NAPLES FL 33942-0200

3. Date Incorporated or Qualified: 12/24/1987
3a. Date of Last Report: 05/31/1995
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

2. Principal Place of Business
21 2900 So. HORSESHOE DR.
Suite, Apt. #, etc
22
City & State
23 NAPLES, FL
Zip 24 33942 Country 25 US

2a. Mailing Address
26 2900 So. HORSESHOE DR.
Suite, Apt. #, etc.
27
City & State
28 NAPLES, FL.
Zip 29 33942 Country 30 US

9. Name and Address of Current Registered Agent
RASMUSSEN, WILLIAM F
~~152 COLONADE~~ 219 COLONADE CIRCLE
NAPLES 33940

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 ________ DATE ________

12. OFFICERS AND DIRECTORS

Field	Entry	Delete
TITLE	D	☐ DELETE
NAME	GUENTHER, RALPH J.	
STREET ADDRESS	235 WILDWOOD LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VSD	☐ DELETE
NAME	RASMUSSEN, GLENN J.	
STREET ADDRESS	180 NAPA RIDGE RD. E.	
CITY-ST-ZIP	NAPLES FL	
TITLE	CD	☐ DELETE
NAME	RASMUSSEN, WILLIAM F	
STREET ADDRESS	150 COLONADE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	☐ DELETE
NAME	POWELL, CLAY B.	
STREET ADDRESS	172 BEAR'S PAW TRAIL	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	☑ DELETE
NAME	TAYLOR, EDWARD L.	
STREET ADDRESS	7130 SOUTH LEWIS	
CITY-ST-ZIP	TULSA OK	
TITLE	D	☐ DELETE
NAME	WILLIAM G. HENDRICKSON	
STREET ADDRESS	4301 GULF SHORE BLVD NORTH	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
1.1 TITLE	V,T	☐	☑
1.2 NAME	CRAIG T. HUPP		
1.3 STREET ADDRESS	6200 CYPRESS HOLLOW WAY		
1.4 CITY-ST-ZIP	NAPLES, FL 33942		
2.1 TITLE	V	☐	☑
2.2 NAME	MICHAEL G. STEIN		
2.3 STREET ADDRESS	2900 SO. HORSESHOE DR.		
2.4 CITY-ST-ZIP	NAPLES, FL 33942		
3.1 TITLE	D	☑	☐
3.2 NAME			
3.3 STREET ADDRESS	219 COLONADE CIRCLE		
3.4 CITY-ST-ZIP			
4.1 TITLE		☐	☐
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	P,D	☐	☑
5.2 NAME	JOHN J. AGNELLI		
5.3 STREET ADDRESS	373 BAY MEADOWS DRIVE		
5.4 CITY-ST-ZIP	NAPLES, FL. 33962		
6.1 TITLE	C	☐	☑
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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)(k), 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] (CRAIG T. HUPP) V.P. FINANCE/CFO 5/14/96 (941) 434-5888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)