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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K08908** (1)

1. Corporation Name
INTELLINET, INC.

Principal Place of Business	Mailing Address
2900 SO HORSESHOE DRIVE NAPLES FL 33942-0200 US	2900 SO. HORSESHOE DRIVE NAPLES FL 34104-6127 US

2. Principal Place of Business 21 2900 SO. HORSESHOE DR.	2a. Mailing Address 26 2900 SO. HORSESHOE DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NAPLES, FL.	City & State 28 NAPLES FL.
Zip / Country 24 34104 / 25 US	Zip / Country 29 34104 / 30 US

3. Date Incorporated or Qualified 12/24/1987	3a. Date of Last Report 05/21/1996
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	10. Name and Address of New Registered Agent
RASMUSSEN, WILLIAM F 219 COLONADE CIRCLE NAPLES 33940	81 Name: WILLIAM R. O'NEILL 82 Street Address (P.O. Box Number is Not Acceptable): 5551 RIDGEWOOD DR., SUITE 302 83 84 City: NAPLES FL 85 Zip Code: 33963

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: William R. O'Neill — 5/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUENTHER, RALPH J. 235 WILDWOOD LANE NAPLES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VT CRAIG T. HUFF 6200 CYPRESS HOLLOW WAY NAPLES, FL. 34109	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD RASMUSSEN, GLENN J. 180 NAPA RIDGE RD. E. NAPLES FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V MICHAEL G. STEIN 2900 SO. HORSESHOE DR. NAPLES, FL. 34104	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RASMUSSEN, WILLIAM F 219 COLONADE CIRCLE NAPLES FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWELL, CLAY B. 172 BEAR'S PAW TRAIL NAPLES FL	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AGNELLI, JOHN J 373 BAY MEADOWS DR NAPLES FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC WILLIAM G. HENDRICKSON 4301 GULF SHORE BLVD NORTH NAPLES FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: [illegible] CRAIG T. HUFF 5/29/97