

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90005 043 ***158.75

DOCUMENT # K08908

1. Corporation Name
INTELLINET, INC.

Principal Place of Business
2900 SO HORSESHOE DRIVE
NAPLES FL 34104
US

Mailing Address
2900 SO. HORSESHOE DRIVE
NAPLES FL 34104
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1987

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

O'NEILL, WILLIAM R.
5551 RIDGEWOOD DR
STE. 302
NAPLES 33963

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
GUENTHER, RALPH J.
235 WILDWOOD LANE
NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VSD
RASMUSSEN, GLENN J.
180 NAPA RIDGE RD. E.
NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
RASMUSSEN, WILLIAM F
219 COLONADE CIRCLE
NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VT
HUPP, CRAIG T
6200 CYPRESS HOLLOW WAY
NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
AGNELLI, JOHN J
373 BAY MEADOWS DR
NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DC
WILLIAM G. HENDRICKSON
4301 GULF SHORE BLVD NORTH
NAPLES FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

☐ Change

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☒ Addition

☐ Change

☐ Addition

☐ Change

☒ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)