

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K55720

(2)

1. Corporation Name

NETWORK REFERRAL COMPANY

Principal Place of Business

**% BRINTON RIDGEWAY
375 83RD AVE N
ST. PETERSBURG FL 33702-3737**

Mailing Address

**% BRINTON RIDGEWAY
375 83RD AVE N
ST. PETERSBURG FL 33702-3737**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/04/1989

3a. Date of Last Report

06/20/1994

4. FEI Number

59-3006729

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 32866 US HIGHWAY 19 N

2a. Mailing Address

26 32866 US HIGHWAY 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Palm Harbor, FL

City & State

28 Palm Harbor, FL

Zip

24 34684

Country

25 USA

Zip

29 34684

Country

30 USA

9. Name and Address of Current Registered Agent

**RIDGEWAY, BRINTON
375 83RD AVE. N.
ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **RIDGEWAY, BRINTON**
STREET ADDRESS **375 83RD AVE. N.**
CITY ST ZIP **ST. PETERSBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **32866 U.S. Highway 19 N**
1.4 CITY - ST - ZIP **Palm Harbor, FL 34684**

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

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

813 781-3900

(Type)

(Type) (Phone #)