

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  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90027 050 \*\*\*150.00

DOCUMENT # L16999

1. Corporation Name

NETWORK SERVICES, INC.

Principal Place of Business

C/O CHRISTIANSEN & DEHNER, P.A.  
2975 BEE RIDGE RD., STE. C  
SARASOTA FL 34239  
US

Mailing Address

C/O CHRISTIANSEN & DEHNER, P.A.  
2975 BEE RIDGE RD., STE. C  
SARASOTA FL 34239  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1989

4. FEI Number

65-0146667

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

2. Principal Place of Business

715 6<sup>th</sup> STREET WEST

Suite, Apt. #, etc.

SUITE A

City & State  
BRADENTON FL

Zip  
34205

Country  
US

2a. Mailing Address

C/O CHRISTIANSEN & DEHNER, P.A.

Suite, Apt. #, etc.

63 SARASOTA CENTER BLVD SUITE 107

City & State  
SARASOTA FL

Zip  
34240

Country  
US

9. Name and Address of Current Registered Agent

CHRISTIANSEN & DEHNER, P.A.  
2975 BEE RIDGE RD.  
STE. C  
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

CHRISTIANSEN & DEHNER, P.A.

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

63 SARASOTA CENTER BLVD SUITE 107

83

84 City  
SARASOTA

FL

85 Zip Code  
34240

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]* V.P. *[Signature]* JOTT R. CHRISTIANSEN

(NOTE: Registered Agent signature required when reinstating)

5/19/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
SILVA, JAMES R  
909 - 137 ST., E.  
BRADENTON FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99

Date

741-748-8804

Daytime Phone #

CR2E034 (11/98)