

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 2:31

DOCUMENT # N35886

(3)

1. Corporation Name

LIFE NET, INC.

Principal Place of Business

Mailing Address

P.O. BOX 16797
TEMPLE TERRACE FL 33687-3797

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TEMPLE TERRACE FL 33687-3797

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1989

3a. Date of Last Report

03/15/1994

4. FEI Number

59-2983627

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 16889

22 City & State

27 City & State

23 Zip Country

28 Temple Terrace, FL
29 33687
30 Hillsborough

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

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

BROOKS, KAYE
519 CRESTOVER DR
9214 DAVIS RD
TEMPLE TERRACE FL 33617

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BROOKS, DALE
STREET ADDRESS	519 CREST OVER
CITY-ST-ZIP	TEMPLE TERRACE FL
TITLE	S
NAME	BRENNEMAN, SANDY
STREET ADDRESS	17520 MEADOW BRIDGE DR.
CITY-ST-ZIP	LUTZ FL
TITLE	D
NAME	WERLY, ALBERT
STREET ADDRESS	6641 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	T
NAME	MAYER, CAROLE
STREET ADDRESS	13317 GOLF CREST CR
CITY-ST-ZIP	TAMPA FL
TITLE	P
NAME	MCGRATH, WILLIAM E.
STREET ADDRESS	1804 CAPE BEND AVENUE
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 017, 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

WILLIAM E. MCGRATH

Date

Daytime Phone #

2-16-95 83-988-3557