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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000081 (1)

1. Corporation Name

COMNET OF NORTHWEST FLORIDA, INC.



Principal Place of Business

Mailing Address

6461 HWY 90
SUITE B
MILTON FL 32570
US6461 HWY 90
SUITE B
MILTON FL 32570-4575
US3. Date Incorporated or Qualified
10/14/19923a. Date of Last Report
05/16/1996

2. Principal Place of Business

2a. Mailing Address

21 1011 Hamilton Bridge Rd

26 1011 Hamilton Bridge Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Milton FL

28 Milton

Zip

Country

Zip

Country

24 32570

25 Santa Rosa

29 32570

30 Santa Rosa

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, DAVID G
210 CHURCH ST E
PENSACOLA FL 32501

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 617.0502 and 617.1508, 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 617.0503, 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 VC
NAME TOMSON, ALAN
STREET ADDRESS 3324 MILLS BAYOU DR.
CITY-ST-ZIP MILTON FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D
NAME SIMS, SHIRLEY
STREET ADDRESS 2005 MISTRAIL DR
CITY-ST-ZIP FT WALTON BEACH FL 325472.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE C
NAME WHITE, DAVID G
STREET ADDRESS 210 CHURCH ST E
CITY-ST-ZIP PENSACOLA FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME GRAFTON, KATHLEEN
STREET ADDRESS 4900 BAYOU BLVD STE 106
CITY-ST-ZIP PENSACOLA FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME PERRY, MARY
STREET ADDRESS 7 STAR HI; DR
CITY-ST-ZIP MILTON FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE T
NAME BASS, BRENDA
STREET ADDRESS 195 DURANGO RD 4C
CITY-ST-ZIP DESTIN FL6.1 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 does not qualify for the exemption stated in Section 119.07(9)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-97 904 623-9509

Date Daytime Phone # 0074444

CR2E037 (9/96)