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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:04

DOCUMENT # N92000000177 (7)

1. Corporation Name
THENET RESEARCH INC.

Principal Place of Business	Mailing Address
213 MICHAEL AVE MARY ESTHER FL 32569	213 MICHAEL AVE MARY ESTHER FL 32569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3155984 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21 214 MICHAEL AVE.	26 214 MICHAEL AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MARY ESTHER, FL	28 City & State: MARY ESTHER, FL
24 Zip: 32569 25 Country	29 Zip: 32569 30 Country

9. Name and Address of Current Registered Agent

KOSKEY, LEO
213 MICHAEL AVE
MARY ESTHER FL 32569

10. Name and Address of New Registered Agent

81 Name: KOSKEY, LEO
82 Street Address (P.O. Box Number is Not Acceptable): 214 MICHAEL AVE
83
84 City: MARY ESTHER FL 85 Zip Code: 32569

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☑ Change ☐ Addition
NAME	KOSKEY, LEO	12 NAME	KOSKEY, LEO
STREET ADDRESS	213 MICHAEL AVE	13 STREET ADDRESS	214 MICHAEL AVE
CITY-ST-ZIP	MARY ESTHER FL 32569	14 CITY-ST-ZIP	MARY ESTHER, FL. 32569
TITLE	D	21 TITLE	D ☐ Change ☐ Addition
NAME	DEMOS, PAUL T	22 NAME	
STREET ADDRESS	381 SANTA ROSA BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	D ☑ Change ☐ Addition
NAME	THORPE, PHILIP N	32 NAME	THORPE PHILIP N
STREET ADDRESS	213 MICHAEL AVE	33 STREET ADDRESS	214 MICHAEL AVE
CITY-ST-ZIP	MARY ESTHER FL 32569	34 CITY-ST-ZIP	MARY ESTHER FL 32569
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Leo C Koskey Leo C Koskey 904-581-2463
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072202