


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90129 050 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N97000000244</b> 1. Corporation Name <b>LIBRARY AND INFORMATION RESOURCES NETWORK, INC.</b>		
Principal Place of Business 7855 126TH AVE NORTH STE F LARGO FL 33773 US	Mailing Address 7855 126TH AVE NORTH STE F LARGO FL 33733 US	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/16/1997
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	65-0767267
24	25	29
30	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JONES, DONALD C 1685 MEDICAL LANE FORT MYERS FL 33907-1157				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 \_\_\_\_\_ 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVAUX, DOUGLAS F	1.2 NAME	TD Devaux, Douglas F.
STREET ADDRESS	3693 IMPERIAL RIDGE PKWY	1.3 STREET ADDRESS	3693 Imperial Ridge Pkwy
CITY-ST-ZIP	PALM HARBOR FL 34684	1.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, CATHERINE M	2.2 NAME	Duncan, Catherine M.
STREET ADDRESS	3044 BARCLAY COURT	2.3 STREET ADDRESS	3044 Barclay Court
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGAN, PATRICK K	3.2 NAME	Dugan, Patrick K.
STREET ADDRESS	453 EDGEWATER DRIVE	3.3 STREET ADDRESS	419 Belle Pt. Drive
CITY-ST-ZIP	DUNEDIN FL 34968	3.4 CITY-ST-ZIP	St. Pete Beach, FL 33706
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, DONALD C	4.2 NAME	Hastreiter, Jamie
STREET ADDRESS	2108 OCEAN VIEW DR	4.3 STREET ADDRESS	4200 54th Avenue South
CITY-ST-ZIP	TIERRA VERDE FL 33715	4.4 CITY-ST-ZIP	St. Petersburg, FL 33711
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOPER, MARLEY	5.2 NAME	Alphonso, Jorge
STREET ADDRESS	800 LAKE ESTELLE DR	5.3 STREET ADDRESS	6840 S.W. 40 Street
CITY-ST-ZIP	ORLANDO FL 32803	5.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIPSWORD, TOM	6.2 NAME	Faulkner, Mary
STREET ADDRESS	600 S CLYDE MORRIS BLVD	6.3 STREET ADDRESS	17250-8 Eagle Trace
CITY-ST-ZIP	DAYTONA BEACH FL 32114	6.4 CITY-ST-ZIP	Ft. Myers, FL 33908

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 617, 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: *Devaux* **Signature Required** Devaux April 7, 1999 (727) 530-3595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)