FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P09417 (7)

1. Corporation Name
SERVICE NET, INC.

Principal Place of Business
4234 FAIRWAY CIRCLE
TAMPA FL 33624
US

Mailing Address
4234 FAIRWAY CIRCLE
TAMPA FL 33624
US

2. Principal Place of Business
21 777 HARBOR ISLAND BLVD
Suite Apt. #, etc.
22 760
City & State
23 TAMPA FL
Zip
24 33602
Country
25 HILLSBOROUGH

2a. Mailing Address
26
Suite Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
03/14/1986

3a. Date of Last Report
11/27/1995

4. FEI Number
13-3333200
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 has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SMITH, TREVOR G
4234 FAIRWAY CIRCLE
TAMPA FL 33624

10. Name and Address of New Registered Agent
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 607.0505, 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. The 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 Trevor G. Smith Chairman
DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	☐ DELETE
NAME	SMITH, TRVORAM G	
STREET ADDRESS	4234 FAIRWAY CIRCLE	
CITY, ST, ZIP	TAMPA FL 33624	
TITLE	EVPD	☐ DELETE
NAME	SMITH, NOLA R	
STREET ADDRESS	4234 FAIRWAY CIRCLE	
CITY, ST, ZIP	TAMPA FL 33624	
TITLE	VPD	☐ DELETE
NAME	SMITH, FORD B	
STREET ADDRESS	4234 FAIRWAY CIRCLE	
CITY, ST, ZIP	TAMPA FL 33624	
TITLE	VPD	☐ DELETE
NAME	SMITH, MALENA C	
STREET ADDRESS	4234 FAIRWAY CIRCLE	
CITY, ST, ZIP	TAMPA FL 33624	
TITLE	DAS	☒ DELETE
NAME	BUCHANAN, WILLIAM H. JR.	
STREET ADDRESS	299 PARK AVE.	
CITY, ST, ZIP	NEW YORK, NY.	
TITLE	S	☒ DELETE
NAME	FORSBERG, SHIRLEY A	
STREET ADDRESS	299 PARK AVENUE	
CITY, ST, ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☒ Change ☐ Addition
12 NAME	TREVOR G. SMITH	
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE	EVPSD	☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

CR2E034 (12/95)

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)(o), Florida Statutes. I further certify that the information indicated on this application and attachments is 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 attached sheet if additional space is needed.

SIGNATURE: Trevor G. Smith TREVOR G. SMITH 813-229-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
Daytime Phone #