FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #



P37082

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90090 015 ***150.00

PRESTIC	GE COMMUNICATIONS NET	WORK, INC.				
Principal Place	e of Business	Mailing Address				C IDESTRUCTION STATES CONTRACTOR STATES AND
P. O. BOX 550534 P. O. BOX 550534 JACKSONVILLE FL 32255-0534 JACKSONVILLE FL 32255-0534						DO NOT WRITE IN THIS SPACE
						3. Date incorporated or Qualifed
						01/06/1992
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			_			59-3087111 Not Applicable \$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. 22 27			<u> </u>		21	5. Certificate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23	28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip		Country		8. This corporation owes the current year Intangible Personal Property Tax
24	25	29	30			Personal Property Tax. Li Yes Wino 10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered Agent
COL	ESTOCK, DOROTHY M.		1			,
6630-2 BEACH BLVD				82	Street A	ddress (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32216				83		
				84 City		FL 85 Zip Code
office or r agent. I a	to the provisions of Sections 607.050; registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was a	uthonzed	bv.	the corpor	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered	Agen	t signature req	quired when reinstating) DATE
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TIT	ΓLE		☐ Change ☐ Addition
NAME	COLESTOCK, DOROTHY M		1.2 NA	1.2 NAME		
STREET ADDRESS	7327 MARTIN GLEN COURT		1.3 ST	1.3 STREET ADORESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216		1.4 CI	1.4 CITY-ST-ZIP		
TITLE	VST	☐ DELETE	2.1 TIT	2.1 TITLE		Change Addition
NAME	COLESTOCK, RICHARD H		2.2 NAME			
STREET ADDRESS			2.3 STREET		ADORESS	
CITY+ST-ZIP	JACKSONVILLE FL 32216	·	2.4 CITY-ST-		T-ZIP	
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	1		3.2 NAME			
STREET ADDRESS	1		1		r address	
CITY-ST-ZIP		□ DELETE	3.4. CITY+S 4.1 TITLE		T-ZIP	☐ Change ☐ Addition
TITLE	·		4.1 IIILE 4.2 NAME			
NAME						
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP		☐ DELETE	4.4 CITY+ST- 5.1 TITLE		1+ZIP	☐ Change ☐ Addition
TITLE NAME		☐ 0ctc.tc	5.1 IIILE 5.2 NAME			
STREET ADDRESS	1				ADDRESS	}
CITY-ST-ZIP	DATE OF THE PARTY		5.4 CF			Ì
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NA	ME	Ì	··· ,
			62 PT	DEET	ADDRESS	Í

CITY-ST-ZIP : 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 607, 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.

6.4 CITY-ST-ZIP

March 26, 1999 904-727-733