

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 15 1998 8:00am
Secretary of State

DOCUMENT # P93000024434 (1)

1. Corporation Name
FONET, INC.

Principal Place of Business

Mailing Address

325 S GARDEN AVE
CLEARWATER FL 34616
US

325 S GARDEN AVE
CLEARWATER FL 34616
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1993

4. FEI Number

59-3173872

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 4707 140th Ave. North

Suite, Apt. #, etc.

22 Suite 210

City & State

23 Clearwater, FL

Zip

24 33762

Country

25 USA

2a. Mailing Address

26 4707 140th Ave. North

Suite, Apt. #, etc.

27 Suite 210

City & State

28 Clearwater, FL

Zip

29 33762

Country

30 USA

9. Name and Address of Current Registered Agent

SHIELDS, HARRY L
325 S GARDEN AVE
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4707 140th Avenue North

83

Suite 210

84

City
Clearwater

FL

85 Zip Code
33762

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DP
SHIELDS, HARRY L
STREET ADDRESS
325 S GARDEN AVE
CITY - ST - ZIP
CLEARWATER FL

TITLE ☐ DELETE

NAME
DVP
SHIELDS, LARRY R
STREET ADDRESS
7 CIRCLE DR
CITY - ST - ZIP
MT VERNON IL 62864

TITLE ☐ DELETE

NAME
DVP
HAERER, JANIS
STREET ADDRESS
325 S. GARDEN AVE.
CITY - ST - ZIP
CLEARWATER FL

TITLE ☐ DELETE

NAME
SD
SHIELDS, SHERRY
STREET ADDRESS
325 S. GARDEN AVE.
CITY - ST - ZIP
CLEARWATER FL

TITLE ☐ DELETE

NAME
TD
SHIELDS, DORIS
STREET ADDRESS
7 CIRCLE DR.
CITY - ST - ZIP
MT. VERNON IL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
4707 140th Avenue North, Ste. 210
Clearwater, FL 33762

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4707 140th Avenue North, Ste. 210
Clearwater, FL 33762

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
4707 140th Avenue North, Ste. 210
Clearwater, FL 33762

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0336976

CR2E034 (10/97)