FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P93000051853 (8) NET SHOP, INC. Principal Place of Business Mailing Address 2413 1ST AVE UNIT P-5 FERNANDINA BEACH FL 32034 2CD ALACHUA ST FERNANDINA BEACH FL 32034 Uŝ DO NOT WRITE IN THIS SPACE 3 Date Incorporated or Qualified 07/26/1993 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3186473 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zıp Country Country This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. ☐ Yes 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BURGESS, GRANVILLE C 81 301 1/2 CENTRE ST 82 Street Addr FERNANDINA BEACH FL 32035 83 unandi na 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, part accept the obligations of, Section 607.0505, Florida Statutes. tered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITUE BURBANK, JOHN L NAME 1.2 NAME 2413 1ST AVE P-5 STREET ADDRESS 1.3 STREET ADDRESS FERNANDINA BEACH FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Channe

CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

21 TITLE

2.2 NAME

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DELETE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

2 4 CITY - ST-ZIP

14. Thereby 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 arrival 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:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

Addition

Addition

Addition

☐ Change