

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

FILED  
Feb 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000064873 (1)**

1. Corporation Name

**PRIME NET CONSULTING, INC.**

Principal Place of Business

**PO BOX 12556  
ST PETERSBURG FL 33733-2556**

Mailing Address

**PO BOX 12556  
ST PETERSBURG FL 33733-2556**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/17/1993**

4. FEI Number

**06-1390948**

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 2150 Whitfield Industrial Way**

Suite, Apt. #, etc

**22**

City & State

**23 Sarasota, FL**

Zip

**24 34243**

Country

**25 USA**

2a. Mailing Address

**27**

Suite, Apt. #, etc

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**DOBIESZ, NORMAN R.  
13830 58TH STREET NORTH, #404  
SUITE 1  
CLEARWATER FL 34620**

10. Name and Address of New Registered Agent

**81 Name Dobiesz, Norman R.**

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

**2150 Whitfield Industrial Way**

**83**

**84 City**

**Sarasota**

**FL**

**85 Zip Code**

**34243**

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

☐ DELETE

**TITLE P  
NAME DOBIESZ, NORMAN R.  
STREET ADDRESS 13830 58TH STREET NORTH, #404  
CITY-ST-ZIP CLEARWATER FL**

☐ DELETE

**TITLE SVPD  
NAME GRECO, SAMUEL A  
STREET ADDRESS 9191 BRUSHBORO DR  
CITY-ST-ZIP BRENTWOOD TN**

☐ DELETE

**TITLE ST  
NAME DOBIESZ, MAUREEN D  
STREET ADDRESS 739 GALEON DR  
CITY-ST-ZIP TIERRA VERDE FL**

☐ DELETE

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**1.1 TITLE P  
1.2 NAME Dobiesz, Norman R.  
1.3 STREET ADDRESS 2150 Whitfield Industrial Way  
1.4 CITY-ST-ZIP Sarasota, FL 34243**

☒ Change ☐ Addition

**2.1 TITLE SVPD  
2.2 NAME Greco, Samuel A.  
2.3 STREET ADDRESS 2150 Whitfield Industrial Way  
2.4 CITY-ST-ZIP Sarasota, FL 34243**

☒ Change ☐ Addition

**3.1 TITLE ST  
3.2 NAME Dobiesz, Maureen D.  
3.3 STREET ADDRESS 2150 Whitfield Industrial Way  
3.4 CITY-ST-ZIP Sarasota, FL 34243**

☐ Change ☐ Addition

**4.1 TITLE**

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY-ST-ZIP**

**5.1 TITLE**

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY-ST-ZIP**

**6.1 TITLE**

**6.2 NAME**

**6.3 STREET ADDRESS**

**6.4 CITY-ST-ZIP**

☐ Change ☐ Addition

☐ Change ☐ Addition

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: *Maureen D Dobiesz, Secy*

*1/28/98*

CP2E034 (10/97)